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ORIGINAL ARTICLES.

WHAT IS THE MATTER WITH HOMŒOPATHY AND HOMŒOPATHIC PHYSICIANS?

BY FRANK F. CASSEDAY, PH. B., M. D., PORTLAND, OREGON.

HOMŒOPATHY is ailing and its adherents among physicians are well nigh moribund.

The old timers, who had the courage of their convictions and established Homœopathy upon its merits, and demonstrated its efficacy in treating disease, have retired from practice or are nearing the time of life when they desire to retire from the fighting line.

The younger men and women appear to prefer to pose as physicians rather than as homœopathic physicians. This attitude is due first to timidity. They cannot stand the jeers and taunts of the old school or they are won over by a judicious amount of palaver, cajolery and flattery. In the second place this attitude is due to the growing indisposition of graduates of homœopathic colleges to go before their communities as homœopathic physicians because forsooth they fear they will not be considered (?) (sic) if they hold themselves out as homœopathic physicians. This city (Portland, Oregon) is an example. There is not a single homœopathic physician in this city to my knowledge who advertises himself by card, sign, name in telephone or city directory as homœopathic physician. Every day newcomers and old residents here finally locate a homœopathic physician by dint of diligent search and inquiry, and these strangers invariably make the astonishing statement that attendants in drug stores or other persons have told them there are no homœopathic physicians in the city. Why maintain organizations as homœopathic physicians if homœopathic physicians are either ashamed to stand by their colors or do not for some personal reason consider it expedient to advertise themselves as homœopathic physicians? What is true of Portland, Oregon, is true in a greater or less degree of every city in the United States. If the whole principle is worth nothing, if it is something to hide away and speak of in a bated breath, if we have not the courage to make a stand-up fight for it, in the name of common sense let us abandon our organizations. Our present position is untenable, illogical and foolish.

Again the institutions are dying. Homœopathic physicians are sending their sons to old school colleges. We cannot carry water on both shoulders without spilling some. By such practices we blow hot and cold—mostly cold. There is no valid reason why sons of homœopathic physicians should be sent to old school colleges, for there are a number of excellent homœopathic colleges with equipment equal to the best of the old school. The question of expense in remote regions may deter a certain number; they of course are excusable.

I have subscribed for the new fund to spread Homœopathy, but I do not believe one iota of good will be accomplished if the propagation of Homœopathy is carried on along the lines advised by the trustees of the American Institute and practiced by my lamented old friend, Arndt. The method used does no good, and neither holds up the hands of some poor devil of a homœopathic physician in an isolated community ruled over by a lot of old hide-bound regulars, nor reaches the people whose moral and professional support Homœopathy must have if it survives the mistakes of some of its fool friends and continued assaults of its wideawake enemies. The enemies are always on the job throwing javelins into us, and we sit supinely by and wonder what ails us anyway. We are just walking around to save funeral expenses when Homœopathy finally dies of inanition.

If a retail business man pushed his advertising campaign solely among other retail merchants in the same line of trade he would receive an early call from the sheriff and be put out of business. Such advertising would be on the same basis as advertising skates on the Fourth of July and wire screens at Christmas.

How do successful cults push the advertising of their organizations? By putting people out in the field to interest and attract the people who know absolutely nothing of their principles, plans or organization. They do not keep harping at the people who are already converts to their faith. That is waste of ammunition, time and would be a gross tactical error.

How does the American Medical Association impress the importance and strength of the old school profession on the country? By sending out able men, good talkers, who hold public meetings for the *laity*. They reach the people.

The doctors are already in line. No use wasting time on them.

Look at the Mormon Church! Next to the Christian Science Church the Mormon Church is the greatest and most successful proselyting and business organization in the world. They have men and women in every State in the Union, and practically every foreign country, making converts to Mormonism. These men and women are courteous and diplomatic; they present their claims in a pleasant, attractive manner to the people who never heard of Mormonism or the Church of Latter Day Saints of Jesus Christ (their legal name). They waste no time on the converts already made. They are looking for new people.

The Christian Science Church is to my mind the most remarkable organization and the most effective in the line of combined business and religious activity and proselyting propagandism the world has ever seen. The perfect organization, by picked men, each department in charge of men peculiarly fitted for their work, and all departments working in absolute harmony, but each in its own field, and without friction, overlapping or interference. It is a huge human machine, perfect in alignment and mechanism, well oiled and doing its work quietly, without friction, but securing results. The Department of Publicity of the Christian Science Church serves a double purpose. It advertises and keeps the peculiar beliefs of the cult constantly before the people by public lectures given by good speakers in every city in the country year after year. The Publicity Bureau looks after halls, newspapers, etc., in every city through the local representative, who in turn receives his orders from headquarters. In case of attacks on the Church the Bureau through its local representative gets busy and feeds the papers with courteous replies to every attack, but NO CHRISTIAN SCIENTIST except the publicity representative in the local field ever replies to attacks in the public prints.

There never was such an opportunity for organized Homœopathy as exists today. Why the profession is sitting supinely and losing the chance to establish the law of cure forever as the therapeutic resource of medicine is most astounding to me.

I believe, with all due deference to some very good men, who are in the saddle, that the greatest lack at the present time is real leaders, aggressive, educated, broad-minded men who are educated academically, in a business way and as physicians, and who withal are good fighters. As Woodrow Wilson says, it is not necessary for a man to wear a scowl to put up a finish fight. The man of brains who can tell what he stands for and prove his contention by acts will rally the people of this country to the banners of Homœopathy by thousands and tens of thousands. The old school has laid down and confessed their inability to get results from internal administration of medicine. There are thousands of lives being sacrificed from the lack of proper internal medicines scientifically prepared and given. The old school has laid down on the job, and the homœopathic physicians fail to see and grasp the opportunity offered. Result: Thousands of people dying and homœopaths too timid or lacking initiative to get on the housetops and tell the world what Homœopathy has to offer. If it was not so pathetically foolish it would be tragic.

If the American Institute will use the fund being subscribed to organize a Publicity Bureau and put a live, hot wire like James W. Ward, of San Francisco, at the head of it, something will be done, and every homœopathic physician in America worthy of support will have more practice than he can care for. Let this Publicity Bureau have one man whose sole and exclusive business it is to feed good live literature to the daily, weekly and monthly press, always bearing down strongly on the merits of Homœopathy somewhere along the line of talk. Keep everlastingly at it. It will be published, never fear. When a stream of that stuff keeps coming into a newspaper office the editor will sit up and take notice that a great organization is behind the movement and that it means something for humanity. Let another man be put in charge of public lectures and arrange lectures in every city in the country, large and small, in public halls and churches for the public, the laity. When the homœopathic physicians in these cities see that they will profit by this movement they will dig up the money for hall rent, printing and advertising, and pull the strings to get good newspaper advertising. Then let the lecturer tell the people what Homœopathy is, what it can accomplish, and ask them to try it, distributing a slip at the close of the lecture giving the name, address and telephone address of every homœopathic physician in the city and surrounding country, and publishing said list in the daily papers as paid advertising, either regularly or following said lectures. What helps one will help all. Those who refuse to help the movement cut them out and do not publish their names. Do not mince matters. Make it a fair and square business proposition. Some men firmly established will no doubt from purely selfish motives refuse to join such a movement for fear some of their patrons will be captured by other physicians. Cut them out also. Only live wires are wanted or needed.

The opportunity is here. The people want to be cured of ailments which the old school methods cannot reach. Let us embrace the opportunity and inaugurate a publicity campaign among the people. The field is ripe. Let us gather the harvest.

I told Dr. Arndt many times that he was on the wrong track, that his efforts were going for

naught, and he was barking up the wrong tree. His campaign did no good to the doctors and they needed no help. He missed the people entirely, and so failed to help the doctor where he was in sore need of help.

The campaign as outlined in this paper will cost comparatively little because the great expense of all rent, advertising and newspaper publicity will gladly be met by the local profession for, under this plan, they will reap the benefit and do the public a great service at the same time.

Though I have practiced medicine for over thirty years I am still a fighter and in practice.

In the matter of lectures local men, who are convincing speakers, can visit neighboring cities and towns and deliver addresses, and thus very small expense will be incurred. In this state and other states there are many towns where a Homœopath has never located or practiced. These are virgin fields ready for the harvest, and in every community there are many families anxious and ready to employ a homœopathic physician.

I would give five dollars to aid such a method of propagating Homœopathy where I would hesitate to give fifty cents towards a method practiced by my dear old friend, Arndt. Publicity carried to the people by the best men we can command, who are educated gentlemen, of good address, and can talk and think on their feet, and who withal are good live fighters and can fight without a scowl.

WE SHALL STAND FAST.

BY L. C. McELWEE, M. D., ST. LOUIS, MO.

IT should be a matter of pity on the part of the competent Homœopath to see defections from our ranks to those of the dominant school, because you may rest assured that when a man or woman changes from the homœopathic to the allopathic system of therapeutics they either haven't far to go or else change for some fancied personal advantage. And more is the pity for those taking that step, because those making the change are always looked upon with a sneer and a frown by those to whom they have changed. They are regarded with manifest contempt and spoken of in disparaging *tones* if not words, and their acquaintance is acknowledged *by* the others *to* the others with apologies of one kind or other. In order to forsake the homœopathic school of therapeutics and embrace the allopathic, one must do so on such conditions as the latter may prescribe. These are sometimes so galling that one may scarcely retain his own self respect and cross the line. After he has foresworn himself he finds—what? That he has obtained the right to think medically, prescribe therapeutically and associate himself professionally as his newly acquired colleagues may sanction or permit. Should he wish a professional long breath he must look to his new made colleagues for permission to take it. If they don't interfere with his taking it they either think him too insignificant or that it is too much trouble to bother about him. Meanwhile he breathes, medically, at their pleasure, either expressed or implied.

Why anybody should be attracted by the "sounding brass and tinkling cymbals," the blaring trumpet and loud prayers (to be heard of men) of allopathy is more than we, personally, can understand.

We have all the substance of therapeutic attainment. What, then shall we gain by letting it go, and that, too, at a time when all the tenets which we have always advocated are being proven true by the latest scientific original (?) research.

The old school has adopted, *in fact,* (but not yet admitted it), the similimum, the single remedy and the infinitesimal dose. Whereas we now enjoy the right and privilege of thinking and prescribing as best suits us without the expressed or implied consent of any man or set of men, unless we remain steadfast to our principles, we lose all our strategic advantage and therapeutic rights. Every thing to lose and nothing to gain. The others are coming our way! We shall stand fast and bid them a hearty welcome.

ACUTE DIVERTICULITIS.

BY H. S. COREY, M. D., RICHMOND, VA.

THIS paper is written simply to refresh your memory on a rare condition found in children. Before describing my case I wish to call your attention to the fact that Meckel's Diverticulum is a curious and interesting anomaly, and was first accurately described by Meckel in 1809. It is the remnant of the omphalomesenteric duct and closes usually during the second month of embryonic life. It commonly appears as a blind pouch, and is due to the persistence of the proximal portion of the duct. It is given off from the ileum about one foot or more from the ileo-cæcal valve, and is of the same anatomical structure as the intestine. The distal end may remain patent and cause a fæcal fistula at the umbilicus, but as our paper deals with the proximal end we will not discuss that feature. It is important pathologically since ulcerative conditions occurring in it are prone to lead to perforation and also to cause strangulation of the bowel.

The conditions which are most likely to be confounded with diverticulitis are appendicitis and obstruction of the bowel. Richardson reports two cases operated on at the Massachusetts General Hospital in which appendicitis was diagnosed. Taylor in Johns Hopkins Bulletin, Vol. 12, No. 127, reports a case of a six-year-old

girl who had been subject to occasional attacks of abdominal pain all of her life, always relieved by a purgative. An acute attack could not be so relieved, but persisted with marked rigidity of the abdominal muscles, rapid and weak pulse, and a temperature over one hundred. Acute appendicitis was diagnosed, operation was performed and a cystic tumor, almost gangrenous, measuring 3½ by 2 inches was found and removed. It proved to be a Meckel's diverticulum, the pedicle of which had twisted upon itself three complete turns, thus cutting off the circulation and causing the gangrene. No exactly similar case up to that time had been found in literature. In 1906, Dr. Deaver operated on a case which presented all the symptoms of appendicitis with spreading peritonitis and was so diagnosed. The appendix was twice its normal size, but there was no perforation to account for the large amount of sero-purulent fluid. On close examination of the left side, where the boy had also complained of pain, there was found a mass about the size of an egg containing a diverticulum, adherent omentum and several coils of intestine. The diverticulum was 2½ inches long and in its center there was a perforation about the size of a pea exuding the sero-purulent fluid. The operation was followed by recovery.

The case I wish to report is that of Lois E., three and a half years old. She has had repeated attacks of acute intestinal indigestion, so-called, over a period of two years. She has been under the care of a prominent practitioner of the "regular" school during all of that time. The attacks have averaged about one in three months and have been invariably ascribed to indiscretions in diet. This last attack had continued for five days under the same treatment as the former attack. The first three days she had nothing to eat but malted milk in small quantities, and as her condition did not improve she was a little more liberally fed. In previous attacks vomiting was present, but was absent during this attack. The day before I was called the attending physician had diagnosed the case as appendicitis and suggested operation, but on a subsequent visit on the next day had changed his opinion and still considered it intestinal indigestion.

Physical Examination:—She was a fairly developed child, but poorly nourished. She complained of intense pain about the umbilicus and to the left. The pains were always worse at night, and during the day she would lie across a chair for a minute or two during the pain, and then would run and play. She had a temperature of 102° and a pulse of 120. The pupils were equal and reacted to light. The throat was normal. The tongue was slightly coated. The heart and lungs were normal, and liver and spleen not palpable. There was no distention of the abdomen. There was slight tenderness over the appendix, and on deep palpation a tumor about 2½ by ½ inch was found to the left of and a little below the umbilicus. It had a doughy feel and was a little tender. There was no spasm or paralysis of the extremities. The knee jerks were equal and normal, and Kernig's and Babinsky's signs were absent. The urinary examination was negative and the bowels were constipated.

Diagnosis:—Obstruction was ruled out owing to the good condition, six days having elapsed since the attack began; also by the absence of frequent bloody, mucous stools, which is common in that condition, and by the absence of vomiting. Intestinal toxæmia was ruled out since the symptoms persisted in spite of starvation and catharsis, and the absence of acetone from the urine. The physical signs did not warrant a diagnosis of appendicitis.

The pains persisted for five or six days more and were so severe that opiates at night had to be administered. Hot and cold applications, pressure and all adjuvants were used. Colocynth and Belladonna were given at different times in repeated doses. The tumor each day gradually decreased in size with corresponding decrease in number and severity of the pains, which were caused by the efforts on the part of the diverticulum to expel its contents, and not until the tumor had entirely disappeared did the pain cease. A diagnosis of acute diverticulitis was made on the second day and a surgeon was called, who corroborated the diagnosis and advised expectant treatment. The child has remained well since. The parents' consent has been gained for an operation if the attack recurs.

Never fail to make a thorough examination in every case of abdominal pain, and whenever you find the clinical picture of appendicitis with the local symptoms more prominent in some other locality than the right ileo-cæcal region don't overlook the possibility of an acute diverticulitis with its attendant dangers, which are similar in character to those of an appendicitis.

Diabetes mellitus.

I am undertaking an exhaustive research into the pathology, etiology and dieto-therapy of diabetes mellitus. I am very anxious to hear from every physician in the United States who has a case under treatment, or who has had any experience in the treatment of this malady. Von Noorden says, "The best treatment for the diabetic is the *food* containing the *greatest* amount of *starch* which the patient can bear without harm." If any physician who reads this has similar or contrary experience, and would take the trouble to write me, I would esteem it a special privilege to hear from him, if only a postal card.

Kindly address,

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SANGUINARIA CANADENSIS.

BY ALEXANDER L. BLACKWOOD, B. S., M. D.

THIS is known as the Blood root, Red pucoon and Indian paint. The word sanguinaria is derived from sanguis (the Latin for blood). When the plant is wounded there exudes a sap of a bright, red blood color. The Indians employed it as a dye, and thus the term "Indian paint."

It contains an alkaloid, sanguinarian, which is very similar to chelerythrin, the alkaloidal of chelidonium. When a powder prepared from it is inhaled it irritates the Schneiderian membranes, which leads to sneezing, a secretion of mucus from the nares, pain in the eyes, soreness of the muscles, a continuous cough, and a burning in the bronchi. When small doses are taken the digestive organs are stimulated, the heart's action is increased, and an increased tone is given to the circulatory system. A medium dose produces nausea, diaphoresia, increases expectoration, mild diuresis, and increases the action of the kidneys. The bile is rendered more watery, while an increased amount of biliary matter is secreted in a given time. If the dose is large, nausea and violent vomiting is provoked, with vertigo and disturbed vision and extreme prostration. The bronchial, cutaneous and menstrual secretions are all increased. Poisonous doses give rise to severe gastralgia and a sensation of burning, which extends the whole length of the gastro-intestinal canal. There is a relaxation of the muscular system, the skin becomes cold and clammy, the pupils dilate, there is great thirst and anxiety, the heart's action becomes slow and irregular, the reflexes are reduced, and paralysis of the spinal nerve centres follow, and death results from a paralysis of these centres.

The indications for this remedy are so definite that the writer has seldom, if ever, administered it without the patient experiencing the desired results. Beginning with the upper portion of the respiratory tract the olfactory nerve is hypersensitive to odors, an odor that a bystander may but notice causes this patient to faint. There is a sensation of burning and rawness complained of in the nares that is attended with a fluent coryza, which is excoriating to the parts over which it passes. If this condition has been of some duration there is present an ulcerative ozœna with epistaxis, and the discharge from the nares is offensive. It will relieve the advanced stages as well as the more acute when the discharges are watery, acrid and render the nose sore. There is more or less lachrymation present.

Frequently there is a severe pain complained of at the root of the nose that extends along one or both frontal sinuses. It controls chronic catarrh, when it is attended with a sensation of stinging and tickling, and congestion of the mucous membranes of the turbinated bones is present, with or without a free discharge. It relieves catarrhal influenza with a fluent coryza, alternates with a stoppage of the nares, when the eyeballs are painful to pressure, there is acute pharyngitis, laryngitis, trachitis and bronchitis and broncho-pneumonia, with severe sub-sternal pain and cough, and a sensation of burning is often complained of. It has an established reputation in nasal polypi, when epistaxis is a prominent symptom. It should be remembered in those cases of asthma that develop following "rose cold," or are aggravated from odors. There is a constant desire to take a deep inspiration which but increases the constriction of the chest and causes a sensation of tearing pain in the chest, especially noticed upon the right side. It is of service in those cases of whooping cough that are prolonged, the cough and whoop returning every time the patient takes cold. In other cases there is a persistent, distressing, dry, spasmodic, exhausting cough in children, which is worse towards night, and upon lying down or going into a room having a lower temperature.

It is indicated in pneumonia, especially during the stage of gray hepatization and resolution, while either lung may be involved; it is most frequently the lower lobe of the right lung. There is a distressing dyspnœa with a sensation of burning beneath the sternum. The hands and feet are livid and purple, and either burning hot or extremely cold. It may follow any remedy in pnuemonia, but is frequently indicated after Chelidonium, when there are indications of a diffused suppuration and a hectic flush appears. The patient complains of a faint and weak sensation, especially about the heart. There is a circumscribed redness of the cheeks, which is most pronounced during the afternoon. The pulse is rapid and of low tension. The expectoration is often bloody and offensive. It may be indicated in cases of typhoid and of unresolved pneumonia when the general characteristics of the remedy are present.

It should be studied in cases of incipient phthisis when you are in doubt whether you are dealing with a chronic bronchitis or an incipient tuberculosis.

This agent has been employed in acute tuberculosis, with hectic fever. The cheeks have a bright circumscribed flush, and the cough is usually dry at first and seems to be excited by a sensation of tickling or crawling in the larynx, upper portion of the trachea and the beginning of the bronchial tubes. There is a sensation of burning and fulness in the upper part of the chest, as if it were too full of blood, which it really is. There are sharp stitching pains, especially about the right lung and in region of the nipple. The muscles of the chest are sore, and there is great dyspnœa.

It should be remembered in pulmonary tuberculosis when the breath and sputa smell badly, and is disagreeable even to the patient himself.

There are eructations before and after coughing. After the cough there is a sensation of warmth, and after this gaping and stretching. There is circumscribed redness of the cheeks, diarrhœa, night sweats and pain in the lower extremities.

In migrain, hemicrania, periodic cephalalgia and sick headache, it is of service when the pain begins in the morning, and increases in violence and severity during the ascent of the sun and decreases with its decline. The pain is first felt in the occiput, extends up and over the right temple, and settles over the right eye. The attack is preceded by a scanty secretion of urine, which becomes profuse as the attack passes off. The patient is exhausted and prostrated, cannot endure the least noise or light, and seeks relief by retiring to a darkened and quiet room, and finds relief by vomiting and sleep. The attack often returns with a regularity—every seven days, and is attended with distension of the temporal vessels. It is also beneficial in gastric, rheumatic and gouty headache, when many of the above group of symptoms are present. The patient is aggravated by motion, light and noise, is relieved by quiet, darkness and sleep.

It is of service in cerebral apoplexy in those suffering from senile bronchitis. There is a most offensive odor and breath, the respirations are difficult, there is burning and redness of the face, the temporal veins are distended, and there are evidences of venous congestion.

It is a most important remedy in diseases of the stomach, in the gastritis of alcoholics, when there is a most excruciating, burning pain extending from the region of the stomach even to the pharynx, with indications of spasm of the stomach. There are indications of hyperchlorhydria and vomiting of sour, acrid fluids, with headache, burning in the stomach and marked prostration.

It is indicated in hepatic insufficiency. The skin is yellow, there is more or less jaundice and indications of cholecystitis and biliary concretions. There is pain in the left hypochondrium, which is aggravated from coughing. There is a sensation of heat in the hepatic region.

In rheumatism and toxic neuritis of the structure of the right shoulder and of the circumflex nerve, it is of service when the pain is worse at night and upon endeavoring to turn in bed. The arm cannot be moved without great effort and hangs helpless by the side.

In certain cases of la grippe it is indicated when there is severe headache and prostration, cough and pains in the chest. The patient desires to remain quiet, not that they are aggravated from moving, but the prostration, the result of motion, is extreme. There is a pronounced indifference to life.

It should be remembered in diseases of women when there are menstrual derangements that are attended with the typical headache of the remedy, also in those cases during the climacteric period when there are flashes of heat and a corrosive, fœtid leucorrhœa.

THE TONSIL AS AN AVENUE OF INFECTION.*

BY LLOYD H. CLARK, M. D., ROCHESTER, N. Y.

THE tonsil, as an avenue of infection, has for some time received considerable attention, and seems to me to be a subject in which you may well be interested.

The faucial tonsils are, as you know, two in number, lying on either side of the fauces, and between what is known as the anterior and posterior pillar. They are composed mostly of a lymphoid structure covered by mucous membrane. On the inner surface—the surface presenting into the throat—we find about fifteen openings or orifices. These orifices lead into spaces and from here we find numerous tubular follicles extending into the tonsillar substance, and, as Bollenger points out,[1] these follicles extend through the structure to the capsule on the outer side. Their lining is an extension of the mucous membrane of the pharynx covered by epithelium. Surrounding each follicle is a network of lymphatics. These lymphatic vessels drain into the deep cervical vessels in the upper part of the neck under the sterno-cleido-mastoid muscle, and from thence into the thoracic duct. Thus it is very easy to understand how infection can be readily conveyed to distant parts.

The service the tonsil renders the body is at present a much mooted question. Nearly every laryngologist has his own pet theory as to its function, and it seems to me I can do no better than to give you the hypotheses of some of these men. Turning to Dorland we find that "the tonsil is supposed to act as the source for the supply of phagyocytes to the mouth and pharynx which destroy bacteria entering the mouth."

Masini[2] believes that the tonsil has an internal secretion comparable with that given off by the suprarenal gland. He arrived at this conclusion after experiments with the aqueous extract of the tonsil, intravenous injections of which gave the same results as those obtained from the injection of suprarenal extract.

Digby,[3] of London, puts forth this clever hypothesis: "These particular lymphatic structures protect the body against chance infection by a process of continued auto-vaccinations. Any bacteria in the vicinity are attracted by positive chemotaxis through the overlying epithelium into the lymphatic nodule. The bacterial attack, having been invited in a region most favorable to the defensive mechanisms of the body, is nearly always repulsed. In accordance with that overproduction which is so characteristic of biologic

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*Read before the Monroe County Homœopathic Medical Society, at Rochester, N. Y., Jan. 28, 1913.

response, specially trained lymphocytes and a great excess of specific bacteriolysins and antitoxins are produced. They enter the general system and lessen the risk of a successful bacterial infection at a more vulnerable part. Thus more or less immunity against micro-organisms is acquired by the individual without his obviously suffering from disease."

The facts given in support of this hypothesis are: The subepithelial glands are largest and most active in young children at a period when individuals are acquiring immunity to the various common infections. In old age all lymphatic structures tend to atrophy. The subepithelial glands hypertrophy as a result of repeated infectious diseases. Whooping cough, scarlet fever, measles and colds, especially if assisted with deficient exercise and unhygienic surroundings, lead to adenoids and enlarged tonsils.

Pathologically, the crypts seem to be the seat of the greatest amount of trouble, especially if for one reason or another they become occluded. This occlusion may be brought about in several ways. The orifices may become filled with blood, etc. Again, the plica tonsillaris—a tonsillar fold—may so cover the anterior inferior portion of the tonsil or the plica supra-tonsillaris may so obstruct the superior portion that as a result we have a plugging of these tubules. It does not necessarily follow, of course, that even though the retained material is of an infectious nature that it will certainly result in an inflammatory process. However, the tendency must be toward that end. According to Ballenger,[4] as long as the epithelium of the crypts is in a state of tonicity or health an equilibrium between immunity and infection is maintained. When the cellular tonicity is impaired the equilibrium between immunity and infection is lost and infection occurs."

For a few minutes let us consider some of those lesions—both local and general—which may result from a pathological state of this lymphoid structure.

Some one has made this classification:

First. Acute and chronic tonsillitis—where the symptoms are in the tonsils themselves.

Second. Diseases of the contiguous mucous membrane, that is, pharynx, larynx, trachea, bronchi, Eustachian tube and middle ear, arising from the pouring out of infected secretion from the tonsillar crypts.

Third. Remote secondary infection, such as rheumatic arthritis, endocarditis, pericarditis, nephritis, etc.

To this classification Dr. Frank C. Todd[5] adds a fourth division not commonly attributed to infection, that is, local infection involving the structures of the neck contiguous to the tonsils, giving rise to symptoms in this region presumably through involvement of nerves, often by direct irritation or inflammation but sometimes this reflex involvement resulting in neuralgias and functional disturbances.

We will omit the first division since we are not dealing with local diseases of the tonsils.

In taking up the second group, that is, diseases of the contiguous mucous membrane, the disease which comes to our mind first is catarrh of the middle ear causing deafness. This is due to the irritation and pressure which is exerted by the enlarged tonsil and also adenoid on the mouth of the Eustachian tubes. In many cases, especially of children, a "running ear" resulted or possibly the only apparent symptom is deafness. I remember well the first case of simple deafness in a child which I saw treated to a tonsillotomy and the satisfaction derived when the parents reported that the hearing returned promptly. In C. J. Whalen's[6] opinion there is impaired hearing in most cases of diseased tonsils with adenoids. Kyle puts the figures at 90 and Woakes at 95 per cent. All authors admit that a high percentage of these patients have deafness more or less pronounced.

Diseases coming under the third classification, that is, those causing remote secondary infection, are rather numerous.

That acute nephritis often follows an attack of tonsillitis seems to be a fact, and Wiseman[7] believes that every case before being discharged should have a careful heart and urine examination.

The case of a woman aged 45 who was suddenly attacked with acute lacunar tonsillitis is cited by Thouvenet.[8] Ten days after the beginning of the disease she was taken with headache, dizziness and severe dyspnœa, rapid heart action, urine loaded with albumen, etc. He believes there are many cases of acute nephritis said to be due to exposure to cold which really result from an inflammatory attack of the tonsils.

Jessen reported four cases of acute tonsillitis in which the tonsils acted as points of entrance for severe general infection, and in two of which nephritis was present.

Julius Ullman[9] also calls attention to the fact that nephritis often follows acute tonsillitis.

It is reasonable to consider tonsillitis as a cause of nephritis, according to John Lovett Morse,[10] on account of the fact that it is due to bacterial infection, and that being complicated by cervical adenitis, peritonsillar abscess, or acute inflammation of the middle ear, it should lead to inflammation of the kidney as do other lesions due to micro-organisms. An additional reason is it is caused by stereptococci, the usual cause of acute nephritis in scarlet fever.

Rheumatism has for some time been recognized as a sequel. The micrococcus rheumaticus takes the path of least resistance, says Mackenzie.[11] Among other things this may be an unhealthy throat absorption which generally gives rise to general rheumatic infection directly through the vascular system. A similar opinion is held by Ballenger.[12]

This group of so-called rheumatic affections,

rheumatism with its complications and sequelæ, as endocarditis and myocarditis, arterio-sclerosis, arthritis, pericarditis, pleurisy and myositis, so-called muscular rheumatism, which resisted all means of treatment, local and general, for Dr. Joseph Beck,[13] were either cured or much improved when the tonsils were removed. The cardiac complications were much influenced for the better. He reported twenty cases, all of whom gave a history of frequent attacks of tonsillitis with rheumatism and cardiac complications consisting, as a rule, of loss of compensation following each attack. The patients ranged from 8 to 50 years of age. Fourteen were females and six males. The last patient was operated on over one year previous to the report, and all remained in good condition.

Schurer found the streptococcus visibans in three cases of what was apparently acute articular rheumatism, only that no benefit was derived from salicylic medication. He ascribed great importance to tonsillectomy in the treatment of septic articular rheumatism.

Tuberculosis of the tonsil and tubercular infection through the tonsil have been much discussed recently. Primary tuberculosis is rather rare. While the bacilli from the tonsil may cause trouble in cervical glands it is thought that the lung is seldom infected through this medium.

G. B. Wood,[14] of Philadelphia, is of the opinion that such pulmonary infection is possible when certain anatomic peculiarities exist. In his experimental work he found that when the tonsil was infected and subsequently the glands of the neck broke down, the lesion in the lung which finally developed was always a miliary tuberculosis from the organism gaining access to the blood channels through the jugular lymph trunk. In no case was there any direct extension of the disease to the pulmonary apices.

Local manifestations of tuberculosis of the tonsils or their adjacent tissues are comparatively infrequent according to Dr. C. B. Wiley. It is undeniable that most tonsils, whether showing external evidence of inflammation or not, if taken between the thumb and finger and squeezed will expel more or less cheesy, foul smelling material. This same material by a series of experiments performed by Dr. Wiley[15] when injected into guinea pigs has developed tuberculosis in fourteen out of twenty-one injected, and the remaining seven showed severe septic infection.

According to Todd[16] structures contiguous to the tonsil may become inflamed or infected or involved through pressure arising from the chronically diseased tonsil in the substance of the neck. This he says gives rise to definite local symptoms which may vary from an uncomfortable feeling or slight soreness felt below the ear to a severe and recurrent neuralgia in the same region. It may run up to the ear or back of the ear, may cause loss of voice from pressure on the superior laryngeal nerve, which passes external to the tonsil or through involvement of the recurrent laryngeal. Many of the neuralgias occur as a result of pressure on or inflammation of nerves in this locality. The treatment of these neuralgias is the complete removal of the tonsils even though no history of acute tonsillitis or no apparent enlargement of the tonsil is present. In some cases symptoms may persist even afterward because there is a continuation of the secondary inflammation either in the lymph glands or in the nerves.

For these conditions Todd gives this interesting diagnostic method: If traction is exerted on such a tonsil with a hook it will cause pain and soreness and flinching, especially when the deeper structures are invaded. In this way one can easily differentiate a good from a bad tonsil in the same throat.

Dr. Page[17] bears out this theory and cites a case of functional paralysis of the facial nerve There was slight enlargement of the tonsil, but it was otherwise apparently normal. The tonsils were removed and deep down in the structure of the right tonsil a large cystic abscess was found. The nerve soon regained its function, and there was no further recurrence of the paralysis. This may have been due to pressure of the enlarged gland or septic absorption. Dr. Auten,[18] of Illinois, and Dr. Welty,[19] of San Francisco, report similar cases. It is very true, of course, that pains of this character may be caused by other conditions, as inflammations of the nasal accessory sinuses.

In closing let me say that while no one of us is of the opinion that the tonsil is the great avenue of approach for each and every infection yet it is well to keep this path in mind, especially when we are confronted with a disease of obscure origin.

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THE THERAPEUTICS OF SYPHILIS.

BY CLAUDE A. BURRETT, PH. D., M. D., ANN ARBOR, MICH.

THE papers read up to this time surely have impressed upon us the seriousness of this terrible disease. Any remedy or remedies which are able to correct the symptoms or eradicate the infecting organisms should be looked upon as a Godsend to all of those who practice the healing arts. We shall not take the time to go into the history of the therapeutics of this dreaded disease, but go at once to the present day treatment as we understand it and practice it. For convenience this treatment may be divided into two parts. Antiseptic treatment and the symptomatic treatment. The word antiseptic is used to cover the treatment of the conditions by means of the remedy, Arseno-benzoe, discovered by Ehrlich, for want of a better name, to express the action of the arsenic salt used for the treatment of this condition. In this connection I wish to say that I have never seen a wound heal with any kind of treatment so rapidly as syphilitic lesions after the administration of salvarsan. It must be borne in mind that we do not understand that syphilis in a single individual is cured when the lesions disappear, and for that reason the value of salvarsan as a treatment is increased one hundred-fold by checking up these cases by means of the Wassermann test. All patients which we treat are first given a Wassermann test. If found positive the initial dose of from four- to six-tenths of a drachm of salvarsan are administered, the dose depending upon the age and sex of the patient. At the end of four weeks another Wassermann test is made. Should it again appear to be positive, a second dose of the "606" is administered. In our experience only two injections of salvarsan have been given to an individual case. After which the patient is given some form of mercury and advised to continue the treatment until such time as the Wassermann test appears negative, after leaving off the treatment for at least three months.

The technique of the administration of salvarsan is as follows: Two 250 c.c. cylinders are connected with rubber tubing through a Y in such a manner as to make it possible to turn on first from one cylinder and then from the other, as is desired. Normal salt solution is placed in the one and the salvarsan solution, after being prepared, in the other. The patient is placed on a table, the arm thoroughly cleansed at the elbow and the skin injected with a one per cent. solution of cocain over one of the veins at a prominent point. A tourniquet is placed about the arm above the elbow, and when the vein becomes sufficiently large the incision is made, exposing it from a half to three-quarters of an inch in length. The bubbles having been to remove from the rubber tubing and a needle placed at the proper position is plunged into the vein with the salt solution just dropping. The tourniquet is quickly removed, and if the salt runs freely it is then turned off and the salvarsan simultaneously turned on. We have not used the puncture method in introducing the needle into the vein for two reasons: First, the incision made when closed with catgut is of but little amount and heals very quickly. Second, we have seen two or three cases in which very serious results in the form of an abscess have been the results of the puncture method in which the needle pierced the vein and much of the solution ran into the tissues. At the present time we have a patient at the hospital who has been here since August resulting from an abscess which was a result of such a condition as has been suggested. That case calls to mind the fact that I must impress upon you the necessity of making use of the Wassermann test in those obscure tertiary cases which come under your observation. This patient had an ulcer over the shin bone which was diagnosed, clinically, as being syphilitic. He had been given one dose of salvarsan without relief. The second dose produced the condition of the bicep muscle which I have just described, and yet the ulcer upon the leg still remained. We have since healed the ulcer with the use of positive copper cataphoresis.

Neosalvarsan is a remedy which has more recently come into use. It is a modification of salvarsan by Professor Ehrlich, and is given by him the number "914" as compared with "606,"

which was the number of the experiment given which produced salvarsan. The remedy has a number of advantages over salvarsan, both in convenience of administration and also in its effects upon the system. "In the evolution of neosalvarsan the object in view has been the achievement of increased solubility and a neutral solution. As is well known salvarsan is a soluble acid salt to which soda must be added before use. This procedure first brings down a heavy precipitate which, when at its maximum, represents a neutral suspension; on the further addition of soda, the suspension redissolves as the alkaline solution. In the case of neosalvarsan, however, the powder supplied is entirely neutral and dissolves in water to produce a neutral solution, in which form it is ready for use.

"The use of soda is, therefore, entirely eliminated, together with a source of error or injury to the patient. A convenience is also to be found in the great solubility of neosalvarsan. With the older preparation it was necessary to use glass beads in order to prevent the powder adhering to the sides of the vessel or to dislodge it if this had already occurred. If the powder was dropped upon the surface of the water it was apt to combine into a very tenacious mass which required a thorough agitation to break up. If, however, neosalvarsan is dropped into a vessel of water it instantly disperses and dissolves."

The dosage of neosalvarsan is practically the same as that of the older remedy. The advantage of the administration, however, is the fact that with salvarsan about 20 c.c. were administered, whereas in the neosalvarsan from 100 to 150 c.c. are only necessary. Neosalvarsan does not produce the untoward symptoms which are the danger with salvarsan, and further, it is much more toxic in its effects upon the spirochaeta pallida.

"In general, therefore, the importance of neosalvarsan is the diminished toxicity to man, enabling a further step to be taken towards the more frequent attainment of therapia magna—in other words, allowing a more intensive treatment to early syphilis. Generally, in primary syphilis two initial doses may be given, followed by a third at an interval of four weeks. In secondary syphilis three injections will be sufficient at first, with a fourth eight weeks later; while in tertiary cases the treatment should be continued every two or three months after the initial course until a negative Wassermann reaction has been obtained."

The action of these arsenic preparations should be looked upon as antiseptics which kill or, at least, render inactive the infecting organism which does the destruction in syphilis. They are able to accomplish this with the least injury to the body. In a sense they represent a distinct principle of cure. They strike at the cause of the disease. This action should not be confused with other methods of cure, such as physiological, mechanical or dynamic.

A cause of tabes dorsalis complicated with keratitis came to the hospital clinic. The Wassermann test was positive. After every effort to relieve the keratitis had failed, it was decided to give "606." After its administration the keratitis cleared up completely. The condition of the spine was not apparently benefited.

One of the worst cases to come under our observation has been under treatment during the past two months. The patient, a male, twenty-one years old, came to the clinic with a universal pustular eruption. The individual lesions varied in size from small pea size to ulcers as large as a silver dollar. He gave a history of the disease beginning about three months before appearing at the clinic. The Wassermann was positive. Six grams of salvarsan were given intravenously. The lesions began to clear up within twenty-four hours. At the end of four weeks a second Wassermann reaction was made, which was positive. Then six grams of neosalvarsan were again given and the patient instructed to report in four weeks. A great many cases might be cited, all of which show a similar result.

Where then is the place for the remedy directed at correcting the general picture which this disease shows? Not sufficient time has elapsed to say whether or not salvarsan or some such similar remedy will completely cure syphilis. The time will never come when it can do more than perform its function as an antiseptic. The destruction to tissue or injury to the body cells are not corrected by this remedy. Once relieve the body of the spirochaeta and the neutral bodily reparative agents began their work of restoring a normal condition.

It is at this time that the properly indicated remedy may be given. The so-called antiseptic treatment has arrested the disease, healed external lesions and materially shortened the course of treatment.

Undoubtedly, mercury stands first as a remedy in this disease. Its efficiency depends upon the proper selection of the preparation. The protoiodide of mercury calls for the hard chancre, painless, with no suppuration. The biniodide is indicated when the chancre and bubo are indolent with marked glandular involvement. Mercurius fits the syphilitic fever, and the secondary eruption, night pains and sore throat.

Mercurius corrosivus are suited to more destructive ulcerating lesions, acute buboes and phagedemic ulcerations. Kali iodatum is thought of late in the tertiary manifestations with the deep ulcerative conditions, those old foul smelling ulcers over the shin bone. Nitric acid is valuable with phagedenic chancres in which the granulations bleed with the slightest irritation. Then will be the characteristic splinter-like pains.

So we might go on over a long list of remedies

that fit the multitudinous symptoms of this disease.

These latter day investigations have done an inestimable good in making possible the knowledge of not only when a person may be suffering from this malady but when one is cured of it.

It is safe to say that in our clinic we recognize ten cases of syphilis now to one case before the Wassermann test was made available. A part of those cases come because they know or think they have the disease and it can be benefited, but a great many cases are discovered where it was least expected by the patient and because the test was made in the pursuit of a proper accounting for the symptoms.

It is unfortunate that the Wassermann test is so complicated. It is being modified so that it is less difficult of execution and will undoubtedly be more simplified. Although we have had no personal experience, yet we will mention the Noguchi test. It may be compared with the Von Pirquet test for tuberculosis. Its object is the same as the Wassermann test. It is furnished to the physician already to inject under the skin of the suspected case. At the point of injection a little bleb develops which is positive, becomes a pustule and disappears in eight or ten days. A negative bleb disappears in one or two days. These tests are mentioned because they are such an important part of the intelligent treatment of syphilis.

The contra-indications for arseno-benzol "606" are a serious disease of the heart, kidney and arteries in optic atrophy and nervous diseases.

In conclusion, it may be said that, second, Arsenol-benzol or the more recent neosalvarsan is the best remedy to bring a case of syphilis under control. Third, opinion is still much divided as to the ultimate benefit to be derived by this remedy. Fourth, every case thus treated should be followed by mercury in some form as the case demands. Fifth, a case should not be pronounced cured until, after at least three months after treatment is stopped, it gives a negative reaction to some known syphilitic test like the Wassermann reaction. Sixth, syphilis may be treated by the antiseptic method represented by Ehrlich's "606" or "914" and by the dynamic method which has long been in use.

Atropine.

Atropine has relieved and together, with a suitable diet, cured more than one case of hyperchlorhydria. The remedy relieves the severe burning pain associated with this condition within ten minutes after taking the first dose. The remedy may be prescribed by dissolving a 1/100 grain tablet in a glass full of water, and giving one teaspoonful every few minutes until relief is obtained. After this it may be given every two or three hours.

PREPARATORY AND POST-OPERATIVE TREATMENT OF CARCINOMA.*

BY W. A. GUILD, M. S., M. D.

TO propose a treatment which will assure better results in cancer cases by combining a distinct medical treatment with surgical is the purpose of this paper.

In one of the sections of this meeting surgeons and medical men were antagonistic in their views and statements regarding cancer treatment. We cannot deny or belittle the value of surgical attention; nor do we, without knowledge of actual non-surgical cures, insist that surgery is always indicated.

The difficulty lies in the lack of co-operation.

This society is progressive, but stands for conservatism in life and death matters. The pendulum is swinging back from too heroic surgery. For thirty years surgeons have striven bravely, boldly and daringly and almost alone against the scourge of cancer. Surgical technique has been improved until now it is marvelously perfect. Thousands upon thousands of trusting patients have, urged by their medical advisers, gladly and hopefully submitted to operation. These have been performed earlier and earlier in the progress of the disease. Every lump and tumor has been treated with a suspicion born of eternal vigilance. Medical men everywhere have referred their cases to the surgeon as the only hope.

And yet the cancer mortality has increased more than three-fold in the last three decades. As a distinct measure surgery alone is a failure.

With but few exceptions the medical men, until recently, have not dared undertake what their more bold brethren have fearlessly, but unsuccessfully, attempted. Now, with the knowledge of spontaneous cures and the power of accurately selected remedies, with electricity and radio-active agents to augment, many of our best men are decrying surgery in malignant growths.

The majority of us throw up our hands and refer the cancer cases to some one whose shoulders are more broad.

Failure of surgery to eradicate carcinoma in so many cases is constantly cited by non-surgical champions. Unscientific treatment and "near-quackery" is charged up to the non-surgical advocates by the operators.

In international disputes, in conflicts between capital and labor, wise men attempt to bring together both parties in council. This usually results in compromise—each side gives and takes with benefit to all concerned. Stubbornness born from a desire to dominate, or perhaps from bitterness engendered by persecution, often

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*Read before the Surgical and Gynæcological Association of the American Institute of Homœopathy, Pittsburgh, 1912.

stands in the way of agreement and both parties suffer at least a suspension of usefulness which could be derived from combined efforts.

The present situation in the Republican party is a good illustration of how far apart two groups of men can get, both striving towards the same end, yet holding different views as to procedure.

After reviewing the work of Conheim, Waldeyer, Hanseman, Thiersch, Loeb, Gaylord, Rous, Metchnikoff, Bashford, Erlich, Czerny, Jensen, Clowes, Keyser, Wasserman, Tyzzer and others the theory of etiology may be divided roughly into those dealing with parasites and those dealing with cell autonomy.

But, no matter what the future may reveal to the cause, those familiar with carcinoma realize that it is too constantly combined with complicating diseases for us to hope for a specific.

The treatment of the carcinomatous patient belongs neither to surgery alone nor to the field of medicine; both have had successes—both have had ignominious failures.

There is a lowered vitality, a lessening of the individual's immunity, either by heredity or by subsequent loss of potential resistive powers, which permits cancer to start and which allows it to persist. When our degree of natural immunity to disease is lowered past a certain point resistance is lessened and we are attacked.

In treating cancer surgically or medically the patient's vital reactive forces must be considered of first importance. If the removal of the mass by surgical procedure causes sufficient reaction the tumor does not recur. If medicine or non-surgical measures raise resistive and reactive forces sufficiently the patient will heal without surgery.

Here are two great remedial agencies. One removes the source of further contamination and toxic absorption by excision, the other combats the growth by stimulating forces within the body; combined they can be a potent power for much good.

In taking a cancer case too much attention cannot be given to details of examination. We are apt to lose sight of the patient behind the malignancy.

The history, family and personal, must be complete. The physical examination must include the scrutiny of eye, ear, nose, throat, spine, rectum and generative organs (with the orificial thought in mind). Reflexes are to be tested, the condition of the skin noticed, blood pressure determined, differential blood count made and hæmoglobin percentage determined. In suspicious cases the Wasserman and tuberculin tests are employed. The twenty-four hours' urine is examined, chemically and microscopically. In fact, we must take extreme care in examining the cancer patient, for frequently the unexpected and unlooked for conditions are the keynote to the case.

The examination of the tumor itself is less important, but should be made carefully without unnecessary manipulation and without sections being taken. If we have even grounds for suspicion the patient surely needs treatment.

Tumors of the viscera can be diagnosed, if not otherwise, by exploratory incision. I do not believe microscopic findings benefit the patient, although they teach us better to recognize conditions.

I propose to put the carcinomatous patient on a preparatory treatment, extending from six weeks to six months. If the case is inoperable this treatment will many times change conditions so as to not only permit, but also make operation advisable. This treatment, as outlined further on, has not only given reprieve to many, but has proved curative in several so-called hopeless cases.

The active treatment is divided into: First, the general treatment of the patient; second, treatment of the tumor.

The patient is given the best of general care regarding habits, diet, etc. Orificial surgery is employed to improve the circulation, set up increased tissue metabolism, augment reactive power, and aid in the effectiveness of other measures.

Subluxations of the vertebræ are reduced by either vibratory massage or manual therapeutics.

If possible the patient is given ozone inhalations daily. This will actually increase the number of red blood cells and the amount of hæmoglobin.

Neuclein, thyroids, amylopsin, trypsin, pancreatin, ptyalin and bilien are often indicated. Methylene blue in doses as large as can be tolerated and quinine sulphate exert beneficial action. Fibrolysin hypodermically, thiosinamine by mouth and chromium sulphate benefit the scirrhus variety.

The weak patient should be supported by strychnine sulphate, 1/30 grain, from two to five times daily.

Hot magnesium sulphate baths twice weekly will increase elimination by both skin and kidneys, and will prove a laxative as well.

As food tonics the glycerophosphates and lecithin combinations may be employed with benefit.

The homœopathic remedies are chosen by the totality of symptoms. The fatal mistake in treating carcinoma too often is made in prescribing for the cancer rather than the cancerous patient. We think, however, of Arsenicum, Stillingia, Phytolacca, Fraxinus, Condurango, Hoang Nan, Iodine, Lachesis, Apis and Thuja as leading remedies; but, as Dr. Dearborn well said at Monday's session of the Bureau of Dermatology, "prescribe in cancer of the lip if the totality of the symptoms calls for it." I have known advanced cases of carcinoma to recover on the homœopathic remedy alone. I

must confess, however, that personally I do not feel I am doing my full duty to my patient when I stop short of using all of the remedial agencies at my command.

In my practice I employ a mixed "Serum-Vaccine," making practical use of personal and borrowed ideas, theories and experimental data. This fluid is administered hypodermically and the dosage increased and repeated until reaction occurs. It is made from mixed infections similar to those of Shaeffer, but containing in addition at times Neoformans, Pyocyaneus, etc. An individual "Serum-Vaccine" is prepared for each patient. To this is added extract from a similar excised tumor, defibrinated blood from the patient, and serum, if obtainable from another patient who has recovered from a similar malignancy.

I have never known this preparation to fail to bring about a reaction and an increased resistance to the growth. Oftentimes pain is immediately relieved and frequently the patient is much exhilarated.

If the "Vaccine-Serum" is used too frequently the patient loses weight, but if carefully administered a constant gain occurs.

Together with the above systemic measures local treatment is employed. This is determined, from necessity, by the condition and locality of the growth. In practice I use:

(1) Bandage pressure.
(2) Electricity.
    (a) Galvanism.
    (b) Cataphores.
    (c) X-ray (with caution).
    (d) Fulguration.

I have found the high frequency spark actually reliable in destroying superficial proliferations. Radium and Thorium must be given great credit as local active agents.

Removal by escharotics may be indicated in carcinomata of the breast, and can be used in vagino-cervical carcinomata to remove in part the sloughing mass. Acetone controls bleeding very nicely and hardens the tumor.

In abdominal and mammary carcinoma, fomentations to the surface of saturated magnesium sulphate solutions will allay pain and reduce swellings.

To open ulcerating breasts and to vaginal growths I apply with very excellent results the following:

Infusion of violet leaves, one part.
Witch Hazel, one part.
Saturated solution of Magnesium Sulphate, two parts.

This is steam sterilized and kept constantly warm on dressings and tampons.

Under the above medical and local treatment and the use of the "Serum-Vaccine" inoperable cases can be brought to an operable condition. Operable cases can be better prepared for recovery. The surrounding induration and glandular involvement usually disappears and the tumor contracts upon itself.

My best results have been in uterine cases where hysterectomy was made possible in previously considered inoperable, hopeless cases. Under this treatment four cases of adeno-carcinoma of the uterus and vagina have recovered without operation being necessary.

After the preparatory treatment has accomplished its work the surgeon's work is easier and danger from immediate recurrence lessened.

The post-operative treatment consists of a continuation of right living, the administration of carefully selected remedies and a monthly administration of the above described serum-vaccine.

SOME CONSIDERATIONS OF NERVOUS DYSPEPSIA.

BY MACLAY LYON, M. D., KANSAS CITY, MO.

LUEBE defines neurasthenia gastrica, or nervous dyspepsia, as a stomach disorder characterized by a variety of distressing subjective symptoms occurring during the act of digestion, but normal as to time and chemism.

This definition, so brief yet so complete, emphasizes the point that neurasthenia gastrica is not an organic disease. And being a neurosis, should be considered from that viewpoint.

Clinically, it presents a puzzling array of symptoms in which the disposition and moods of the patient and the aggravating element of environment vie with each other to make life miserable for the victim and the case extremely difficult of management for the attending physician.

While the etiologic factors are frequently obscured, it is true that la grippe, malaria and pulmonary disease are prime causes, and the frequently overlooked. Alcohol and tobacco are also included in the list. Of course, where reflex sexual irritation, excessive venery or drug habit can be discovered in the case, sufficient cause for the disease is established.

Kemp says that men are more liable to it, and especially brokers and those men who are on high mental tension.

Nervous dyspepsia may be diagnosed frequently by the one symptom that the quality and quantity of the food do not cause the trouble. When the attack has occurred a cracker may produce as much distress as a full meal. And the next day the patient may eat a substantial meal and suffer no unpleasant sensations. It is for this reason that the disease must be classed and treated absolutely as a neurosis.

Gastric lavage either at time of attack or during intervals of relief will reveal but slight changes in the chemistry of the gastric juice. Further investigation will demonstrate the absence of organic lesion. The disposition is more or less affected and naturally assimilation is low-

ered. Under excitement, encouragement, stimulants, etc., periods of exacerbation occur.

And then pride goeth before a fall. The individual all at once has a reaction and he is again in the depths. He is nervous, hungry but afraid to eat, conscious of the stomach's inability to properly digest the food; and in this state of mind and mind he casts about for relief, trying this food and that food, this remedy and that nostrum, and doctors galore. Finally, another change takes place, and he recovers almost miraculously. Now, if you happen to be this fellow's physician at this particular period, he will laud you to the skies. But wait, it won't be long until he is again in the depths, and this is the time you would rather be out of the case.

Treatment in neurasthenia gastrica must be along the line of control. Reflex irritation must be removed, habits if bad must be changed, environment if unfavorable must be rectified, and a diet must be arranged which will produce the highest digestive efficiency, especially keeping in mind the increased nutrition to the nervous system.

The remedy must be applied for the man, not the disease. This remedy should be the drug which has been selected for the particular case in hand and on the totality of the symptoms. Then, those beneficent adjuvants, electricity and light rays, may be employed with most excellent results.

It will be a slow process, requiring patience on the part of the man and the physician, but there is chance of success, for neurasthenia gastrica is a curable disease. But it is stubborn—it is a case of nerves out of fix, of crossed wires—of sweet bells jangled out of tune. (Read before Mo. Inst. Hom., K. C., April, 1912.

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Chininum arsenicosum.

Girl of sixteen. Had been ill for some months. Condition had been diagnosed as tuberculosis. Blood examination showed: Red cells, 3,300,000, with quite marked variations in size and shape; no nucleated red cells found. Number of white cells, 6,000. Large lymphocytes, 12%; small, 50%; polymorphonuclears, 30%. No myelocytes. Color index, 60. Girl was short of breath and had a rather rapid pulse. From month to month blood examinations were made, always showing improvement. Chininum arsenicosum, third trituration, was prescribed and never changed. From the first improvement began. In seven months had gained 15 pounds and the blood quality became about normal. After nine months the patient was discharged well.—*W. B. Hinsdale, U. H. O., Jan., 1912.*

SOME WHYS.

BY A. M. DUFFIELD, M. D., HUNTSVILLE, ALA.

WHY is it that the Homœopathic Materia Medica should not be recognized by all truly scientific medical bodies on its intrinsic merits?

Why is it that any remedy as proven on the human body under true homœopathic circumspection should not be accepted by the U. S. Government authorities as a medicine and given proper recognition as such, many of said remedies having stood the test of over a century's use?

Why is it that the Homœopathic Pharmacopœia should not be acceptable to said U. S. authorities when it is founded on the *decimal* system and has also proven its usefulness for over a hundred years and containing many proven remedies never heard of by them?

Why is it that the allopathic medical school has adopted so many of our remedies without due acknowledgment of the same, and has appropriated our infinitesimal dosage in prescribing nosodes and yet tries to eliminate the source?

A CASE OF TRIORCHIDISM.

BY GEORGE ALLEN DAVIES, M. D., JACKSONVILLE, FLA.

THE rarity of polyorchids prompts me to submit the following brief report, which, I trust, may be of interest:

Case: Boilermaker, aged 30, single. Had always enjoyed excellent health and in physical appearance is far above the average.

Some six months previous to operation patient noted a sensitive swelling in left groin. Especially uncomfortable on walking or doing heavy work. Examination disclosed a swelling about size of a walnut just below Poupart's ligament. Very tender on pressure, but no characteristic symptoms of hernia. Diagnosis: Adenitis, which diagnosis by the way had also been made by others. Advised excision. Operation started under local, but had to resort to general anæsthesia due to the man's extreme nervousness. Excised with little trouble a gland about half size of the average testis, but about same consistency, and attached to which was a distinct but rudimentary "cord" leading into external abdominal ring. No hernia was present and external ring seemed but slightly larger than normal.

The "pedicle" was ligated with cat gut and wound closed. An incision into the gland showed almost the identical structure of the normal testis. Pathological examination showed partially developed spermatozoa in seminiferous tubules, proving the case to be a triorchid beyond question. A few words as to diagnosis. The low position of the organ in this case, with an

apparently normal external abdominal ring, was a deceptive feature. I can think of but one symptom which we might term "pathognomonic" in the differential diagnosis and that is the peculiar hypersensitiveness on palpation.

A SIMPLE PSYCHIC CURE.

BY SHELDON LEAVITT, M. D., CHICAGO, ILL.

DOCTOR ———, a physician of about thirty-two years, had been ill for some months, and had been confined to his bed for eleven weeks when I was called to see him. He was a man of good education and a physician in fair practice.

He had been examined by a number of physicians, with some disagreement regarding the nature of his ailment; but all looked upon the condition as serious.

I found him so weak he could not sit up for longer than five minutes; he could not read, he could not sleep, and he could not take food of any kind without great distress. There was also much mental depression.

His temperature was slightly subnormal and his pulse rapid and feeble. My examination did not disclose evidence of anything more than functional cardiac disturbance.

He expressed a wish to go under my care.

I asked for a private conference with him, and the room was accordingly vacated.

"Why are you lying here?" I inquired when we were alone.

"Because I can't be up," was his sensible reply.

"Well, my dear doctor," I said, "I'm surprised that a man of your good sense could be so self-deceived."

"Really, doctor," he urged, "I can't sit up five minutes without collapsing."

"Nonsense!" I exclaimed. "Where'll I find something to wrap you in?"

The patient looked startled, but told me where I should fine a bathrobe.

"Now hop out of bed and slip this on," I ordered.

He slowly and carefully obeyed.

After he had sat talking with me a full six minutes, I commented on the fact.

"I don't see any evidence of collapse," I observed, "and I don't believe you feel very bad."

His only reply was a smile.

After being up ten minutes I let him return without help to the bed. Then I took him by the hand and said to him as impressively as possible:

"You will get well quickly. You say you've not slept two hours in three nights. Well, you'll sleep well to-night. Take freely of liquid food, drink some water, take no medicine, stir up the forces within you and hurry on to perfect health."

That night he slept eight hours; he partook freely of nourishment with no ill effects, and on the next day sat up twenty minutes.

He did nicely for ten days and was getting well fast, when the following colloquy with his mother took place on the phone:

"Is this Doctor Leavitt?"

"It is."

"Harry is much worse, and I fear he's gone back to where he was when you found him."

"What is the trouble?"

"He's been doing too much lately, and is all used up."

"Nonsense,"

"Well, he can't get up this morning, and feels very bad."

"That's a mere fancy. *I want him to get up.* He's merely lost his courage and resolution."

"I fear that's not all the trouble, doctor."

"Tell him that I say for him to get out of bed as usual, and otherwise to follow out his routine. I'll be over to see him after a while."

When I called, a few hours later, he seemed as well as usual, and had carried out the usual program with comfort.

From this time forward progress was steady, and at the end of five weeks from the date of my first visit he went to Wisconsin. He has since had only one "therapeutic conversation" with me.

He made a complete recovery and took up the practice of medicine in the State of Washington.

A CASE OF NEURITIS.

BY M. JOSIE ROGERS, M. D., DAYTONA, FLA.

A PATIENT with recurrent attacks of neuritis gave the following history:

Unmarried; forty years old; childhood diseases, measles; general health good; menstrual life normal.

About twelve years ago, when on her feet a great deal, was taken with violent attack of vomiting and diarrhœa. Was confined to the bed for two days. Took up work again and had a severe chill followed by fever of 105 degrees; abdominal pain and tenderness. Stools thin, frequent. Case diagnosed peritonitis. Temperature ranged from 101-105 degrees. At the end of two weeks the patient was able to be up, but when sat up long the abdominal tenderness returned. Did not regain health until she took gynæcological treatments, when the uterus was found to be badly retroverted.

Three years later had another attack of abdominal pain with vomiting and diarrhœa, which subsided after a few days' rest.

The same year began to be troubled with pain in plantar surface of right foot. As the months passed the pain became excruciating, attacks coming on both night and day. Pain was burn-

ing in character, the ball of the foot was swollen so that the shoe could not be worn. The greatest point of tenderness was over the branch of the internal plantar which supplies the third and fourth digit. Later, the sciatic nerve in the hip became sensitive, so that she could not lie on her right side or sit on a chair with comfort.

Examination of the spine revealed no points of tenderness or subluxation of the vertebræ, and gynæcological examination showed no marked displacement. There was no pelvic pain.

Patient suffered severe attacks of pain in her feet for five years. Relief was obtained at one time for several weeks from the prescription of a homœopathic physician. I found later that the prescription was Pulsatilla 200th.

Four years later the patient was examined by another gynæcologist, the uterus was flexed to the right, though not excessively. When the fundus was lifted it caused severe cramping pains.

A course of treatments was begun in which douches, tamponading, the knee-chest position and deep breathing exercises were used. As the position of the uterus was righted, the inflammation in the nerve subsided, the patient was able to be on her feet and exercise as she had not been able to do for years. Treatments were continued for several months for two successive years. There has been no return of the trouble unless unusually heavy exercise or a rough auto ride has been taken, and then the knee-chest position and a few douches soon give relief.

The author of a recent article on "Neuritis" states it as his opinion that all such cases have a common cause, and that cause is some form of pressure upon the nerve so affected. He quotes several cases that were cured by relieving the impingement of a nerve by a subluxated bone.

The case herein described confirms this opinion as to a pressure causation, although it was the uterus and not a bone that was mal-placed.

Veratrine.

It is an inscrutable mystery to me that so many physicians persist in trying to treat a pathologic process continuous and prolonged with such evanescent agencies as the nitrates. I have for many years sought to cope with excess of vascular tension by the application of Veratrine, finding it easy to reduce and control the pressure at any desired point by means of that agent for months or for years if required.

Were Veratrine to do no more than this it would be a mere symptom remedy, aimed against surface indications. But since it not only relaxes vascular tension, but stimulates the elimination of toxins by the skin, the kidneys and the liver, it removes the cause of the vascular spasm and renders itself progressively less necessary.—*W. C. Abbott, N. A. J. H., Feb., 1912.*

UTERINE MISPLACEMENTS.

BY WILLIAM A. BOIES, M. D., KNOXVILLE, TENN.

WITHOUT dwelling at length on the causes of uterine misplacements, I will mention in passing a few common causes, first, of retroversion. Distension of the bladder is more often a cause than we realize, and the serious consequences from neglect of this condition cannot be too strongly emphasized upon our patients. Subinvolution is another very frequent cause. Others are inflammatory conditions of the uterus and peri-uterine structures, sudden strains, falls, tumors of the posterior uterine wall, tight bandaging of the abdomen in the early puerperium. This latter is too often a cause of retroversion and too little importance is placed upon this most important and many times critical period of a woman's life.

Anteflexion is a condition found in single and in married women who have not borne children. The most effective treatment is thorough dilation under general anæsthesia, and the more thoroughly it is done the more permanent will be the cure.

Now the main point I wish to bring out in this brief paper, and the point I hope will elicit free discussion, is the treatment of the posterior misplacements, namely, retroversion and retroflexion. The pessary has a very limited field of usefulness, and its use is always attended with more or less risk of causing troublesome irritation of the vaginal tract. The Alexander operation is ideal in some cases, but its field is extremely limited. Ventrosuspension is being used by some operators, but I do not advise it. Ventrofixation during the child-bearing period has only to be mentioned to be condemned. A method for which I am indebted to Dr. Mumford, of Boston, consists in the following procedure, and is one which I have found eminently satisfactory. After doing whatever work is necessary on the cervix, perineum and rectum, I open the abdomen in the usual manner, and, if only the misplacement exist, the round ligament is grasped together with a portion of the associated peritoneum and broad ligament, through a nick in the rectal fascia about half an inch from the outer borders of the recti muscles, and the ligaments are brought together on top of the fascia. This procedure enables one to explore the abdominal cavity and to correct any pathology therein. Together with the treatment outlined above, I would not lose sight of the indicated homœopathic remedy, which I regard as a most important factor in the treatment of such cases.

Menthol.

Has been used with success in the vomiting of pregnancy.

A SURGICAL POTPOURRI.*

BY SIDNEY FREEMAN WILCOX, M. D., NEW YORK CITY.

THE following remarks are the result of my own personal experience and observation, and are, I believe, in accordance with good surgical practice and a desire to obtain the best final result to the one most vitally interested in an operation—I mean the patient:

TREATMENT OF WOUNDS.

I was interested in a remark made by Dr. Honan at our last meeting regarding the after treatment of the wounds made in the application of Lane's plates for fractures. He said that Murphy now advocates the use of a 5 per cent. carbolic gauze on the wound after stitching it very loosely; the object being that any serum or blood in the wound could have easy access to the surface and then that it would be caught in the antiseptic gauze and prevented from becoming infected by any form of bacteria which might be left upon the skin even after the most careful disinfection.

This return to an old form of dressing pleases me, because I have argued continuously for the *antiseptic* and against the purely aseptic dressing for years as well as being consistent in my practice.

I have not used the carbolic dressing very much for a long time, but I always apply several layers of gauze wet in bichloride of mercury at the first and all subsequent dressings until the sutures have been removed. I believe this is good and safe preventive surgery. A formalin dressing answers the same purpose.

As to the suturing, a number of years ago I stitched my wounds closely and with the greatest accuracy. I found out soon, however, that, even though the wound remained aseptic, often there would be much tension from the confined serum which gave rise to pain and which if left without relief might be followed by infection and the formation of pus. So for several years I have stitched the skin very loosely. After uniting the deeper layers the wound stretched longitudinally with a couple of tenaculæ and then the sutures, which are usually black silkworm gut, are placed about an inch apart and very superficially, just catching the edges of the skin. The sutures are tied while the wound is kept on the stretch. By stretching the wound its flaps are brought into the most perfect approximation possible.

Then still keeping up the stretching, narrow strips of sterile "Z-O" plaster are applied between the sutures. I usually remove my sutures about the fifth or sixth day, but leave the plaster straps in place as long as they will stick. This early removal of the sutures removes a possible source of irritation and also frees the skin of a foreign body which may act as a point for local infection. The retention of the plasters for a prolonged period is for the purpose of supporting the flaps of the wound and preventing as far as possible the stretching of the scar.

REST IN BED AFTER ABDOMINAL OPERATIONS.

Very frequently patients who are considering the advisability or necessity of an operation ask the question, "How long shall I have to remain in bed after the operation?"

My answer depends upon the character of the operation to be performed. If, for instance, the operation is outside the body, say, a Halsted's for removal of cancer of the breast, I generally tell the patient that if all goes well she may be sitting up out of bed in four or five days, and that she may be able to leave the hospital in about ten days. On the other hand, if the case is an abdominal one I tell her that if she can stay in bed for three or four weeks it will be better for her in the end.

Such a statement usually provokes the remark that Dr. So-and-so sends his patients home well and walking in from ten days to two weeks. I admit that this is possible and that I can do the same thing if I want to, but that I believe it to be bad practice and I think it much better for the patient in the end to take the longer time.

Any surgeon can get his patients out of bed in ten days or two weeks, but it takes a lot of moral courage to keep them in bed for a month after a clean and perfectly healed abdominal wound.

The quick getting up appeals to the average patient and in the eyes of the laity and the general practitioner the surgeon who advocates it stands as a wonderfully brilliant man, while the slower and more conservative man is counted as an old fogy. Of course, it is often a question of serious economic importance to the patient and that may have to be taken into consideration.

The reasons for my attitude in this matter are:

First. Few people understand what it means for a patient to go through an operation, unless they have had the experience.

Every operation is attended or followed with more or less nervous shock and depression, the degree depending on the impressionability of the patient and her recuperative powers.

An operation is anticipated by the patient with dread. It is an excursion into an unknown country by a road beset with pain and terror, and an uncertainty as to one's returning. Thus the patient undergoes a certain nervous strain with loss of nervous force before the actual physical drain. This last depends upon the severity of the operation and previous condition of the patient. I believe the effect of the anæsthetic alone, especially as ordinarily given, is far more profound than many physicians realize.

Usually I find that most patients feel pretty well within three or four days after an opera-

*Read before the New York Jahr Club.

tion, and at the end of a week they usually express themselves as feeling "fine," and that it is difficult for them to understand why they should not get up. But it is because they are in bed, with a nurse to attend to every want, that they "feel fine;" their life is passive, and barring perhaps some unavoidable worries, free from care. All this passivity gives an opportunity for building up a depleted system and within reasonable limits there can scarcely be too much of it.

Second. There is a danger following abdominal operations which does not seem to be much considered. I mean the possibility of embolus. This is not of frequent occurrence, but it does occur often enough to be taken into account.

For instance, a patient has had an operation for removal of the appendix, the wound has healed perfectly and at the end of two weeks the patient is out of bed and apparently well.

Suddenly and without warning she expires. Cause of death, embolus in some artery of the brain. This was not my case but a friend of a patient of mine.

I have had three cases where severe attacks of phlebitis of the lower limb followed operations for removal of the appendix, and the house surgeon in one of the large hospitals of this city told me that this accident had occurred a number of times in the practice of the man who was at that time the leading surgeon of this city.

This accident seems to occur more frequently after abdominal than other operations, although one of my kidney fixation cases was found dead in bed over two weeks after the operation, and the wound perfectly healed.

Of course, the likelihood of embolus following an operation is not great, but it must be reckoned with in making one's forecast of the result. It is the case of the "hundredth man."

Third. The recumbent position gives a better opportunity for the new tissues to become strong. The joining cement of a newly healed wound is like new mortar in a wall which sets quickly and holds the bricks in position so long as it is not disturbed, but the bricks can be easily pried apart. So the new tissues in an abdominal wound can be easily stretched if the pressure from within is suddenly increased as it often is when the patient is going about.

I believe that the success of a kidney fixation depends largely upon the patient's remaining in bed until the adhesions have had time to grow strong, and that poor results are largely attributable to the practice of allowing the patient to get up too early. I keep my patients flat in bed for five weeks after an operation for nephropexy if possible, and then let them take about a week in getting up and out of bed before going out of the hospital.

In all abdominal cases I try and have them wear a supporting elastic belt for several months after the operation.

REMOVAL OF THE PECTORAL MUSCLES IN AMPUTATION OF THE BREAST FOR CANCER.

This topic is suggested by the report that Dr. John B. Murphy is discountenancing the removal of the pectoral muscles in the operation for cancerous mammary gland, because he does not believe that it gives the immunity from recurrence that it is supposed to do.

In other words, he does not approve of what is known as Halsted's operation because he thinks it is unnecessary and useless.

With all due respect to so prominent an authority in surgery as Dr. Murphy, I think the majority of surgeons of experience will disagree with him. I certainly do.

We all know that cancer is originally a local disease, and spreads through the lymphatics, and that the removal of lymphatic chains in the vicinity of any cancerous development is working in the interest of the patient's future safety. The point that Murphy seems to dwell upon as the basis for his argument is that the glandular chain from the breast does not lead through the pectoral muscles, and, therefore, there is nothing to be gained by their removal.

Regarding the lymphatics of the breast, Eisendrath says: "They can be divided into two sets, (1) the superficial, which arises near the surface and empty into the axilla, and (2) the deeper, which arise from the deeper portions and pass through the ribs into the anterior mediastinum. The greater number belong to the superficial and empty either into a set of glands along the lower border of the pectoralis major (at times first affected), or into the axillary and supraclavicular glands. The deep lymphatics empty into a set along the internal mammary artery. This explains why infection can travel through to the thorax, or even to the liver (where metastases after carcinoma of the breast often appear quite early)." (*Clinical Anatomy —Eisendrath.*)

Personally, I think one's own clinical experience is worth a good deal, and when I compare the results of removal of the breast as I have known them before and since Halsted's operation came into vogue, I can certainly speak in favor of the procedure which calls for the removal of the pectoral muscles.

Let me recite a case.

Sixteen years ago, next December, a patient came to me who had been operated on the previous June by a well known surgeon who had removed one breast by the old "dinner-plate" operation, without opening the axilla.

On examination, I found the other breast affected with a typical cancerous growth, while the glands in both axillæ were very much enlarged.

It seemed a tremendous undertaking at that time, but I did a Halsted on one side, and removed the pectoral muscles and axillary glands

on the other at one operation. The only sign of recurrence was a slightly enlarged but almost impalpable gland in the neck, for which I sent her to Dr. T. F. Allen, who kept her under medical treatment and observation for some time.

I saw her less than a year ago and she was perfectly well, and in saying that I am not discounting the value of the treatment administered by Dr. Allen. However, another patient on whom I operated during the same week for the same condition was also quite well when I lost sight of her after several years.

A considerable number of other patients who have passed through the same experience are doing well after periods varying in duration.

On the other hand, another case is in point as illustrating the danger of an incomplete operation.

About five years ago a woman of 42 was operated on in Chicago and the breast removed without interference with the muscles or axilla. Why the operation was so limited I do not know. About two years later she was operated on in Richmond, Va., for removal of some glands. Two years ago in April Dr. Dillow sent her to me and I removed some enlarged glands from her neck. The wound healed quickly and I did not see her again until she came to me in June of this year, and I removed a large mass of nodes from the neck, axilla and chest wall. The glands of the thorax were located in the substance of the pectoral muscles which I discovered at that time had not been removed at the first operation. These wounds also healed quickly although the dissection had been extensive and difficult as the mass had formed itself firmly around the brachial plexus and axillary vessels. I had a feeling then that it would be well to make a shoulder joint amputation, but as the mass came away pretty clean it seemed safer not to subject her to the additional shock. It was clearly demonstrated, however, that the pectoral muscle contained the lymphatic glands, the removal of which at the first operation would undoubtedly have given additional protection against recurrence.

In August I was obliged to make a shoulder-joint amputation to relieve her of the great weight of the œdematous arm and the dreadful pain caused by pressure on the nerves. In this operation I resected the nerves and vessels high up under the clavicle in order to get away from the diseased area. The relief from this operation was immediate and great, although the wound healed slowly. I was hopeful at first of a good result, but the growth is now advancing up into that side of the neck and she requires anodynes to relieve the pain.

I believe that if the first operation had been performed thoroughly there might have been a possibility of future immunity, but that is impossible to say.

SOME OBJECTIONS TO THE TRENDELENBERG POSITION.

The convenience in operating afforded by the Trendelenberg position makes it attractive but there are certain objections to its use which I think should be borne in mind.

When the patient is inverted the intestines gravitate towards the diaphragm, leaving the pelvis empty. In this is found the principal advantage afforded. On the contrary, the objection is that the pelvis being left empty gives an opportunity for a free circulation of air which is a foreign substance to the peritoneum.

In its normal condition the peritoneum is warm and moist; the air that comes in contact with it during an operation in the Trendelenberg position is by comparison cold and dry. The vitality of the peritoneum is easily depressed and a nervous shock is induced which is not always reacted from, and I believe that many of the cases of abdominal distention following operations which are erroneously called septic peritonitis with intestinal paralysis and distention are nothing more nor less than shock and the result of exposure of the peritoneum to the air.

Most operations do not require the Trendelenberg position. Where it is necessary the peritoneum should be covered as far as possible with packs moistened with warm saline solution.

CORRESPONDENCE.

FROM INDIA.

34 Theatre Road, Calcutta,
1st January, '13.

To the Editor of the MEDICAL CENTURY:

Please, Sir, give this a little space in your much esteemed journal at an early date, and oblige,

Fraternally yours,
P. C. MAJUMDAR.

HOMŒOPATHY OF INDIA IN DANGER.

BY P. C. MAJUMDAR, M. D., INDIA.

In the November issue of your widely circulated journal our countryman, Dr. D. S. Kaistha, has a very suitable article on the "Danger of Homœopathy in India." The danger he concludes under the following heads: Dangers from laymen practicing Homœopathy, from bogus M. D. degree and from the establishment of homœopathic schools and colleges in Calcutta. In his opinion these laymen should be interdicted to practice, the bogus degrees should be stopped and these schools should be abolished. He did not mention how these could be carried on. Dr. Kaistha seems to be an enthusiastic young Homœopath in India, and I sincerely admire his earnestness for the cause of better Homœopathy in this country. But he does not know the state of the country and the real reason for existence of the above named conditions of Homœopathy

here. I give below how they come into being and how far they are necessary now for the cause we have at heart.

(1) Laymen Homœopaths: In the early days of the last century some civil and military officers of our Government brought the seeds of Homœopathy from the West. A rich citizen of Calcutta, a layman himself, got and planted these seeds in the rich soil of India. He had a good deal of energy. He had also much influence, money and intellect, and he employed them for this good cause, and thus Homœopathy was introduced among our people. He made some miraculous cures, and thus a demand for homœopathic treatment was created. There was a demand but no adequate supply. Some educated and intelligent laymen commenced to study and practice our new system of medicine.

I do not mean to say that this should last forever and the lay practitioners should continue to occupy the field. I only wish to show how laymen come into the practice of, and how they were instrumental in spreading Homœopathy in India. At that stage they were the only legitimate outgrowths of the demand for Homœopathy. And I assert that demand is not met by qualified practitioners at present. The number of duly qualified homœopathic physicians was extremely small.

Another fact is lost sight of by our young friend. India is not England nor America. Here most of the people are generally poor. They cannot pay heavily for their medical help, so they ask the help of those doctors who are considerate. If you do away with these doctors what will be the fate of those poor people and what chance the new system of medicine to be introduced into the people? Even among the allopaths the number of qualified doctors is very small. There are only about half a dozen well equipped allopathic colleges in all India, and the number of graduates in comparison with the population is a drop in the ocean.

Dr. Kaistha very justly said that in the entire Punjab he is the only qualified Homœopath. So his influence in popularizing Homœopathy there is almost nil. In his field in Simla Homœopathy was introduced long before by an energetic layman Homœopath. I know him and he was very successful.

Another fact, I must say that these lay practitioners of Homœopathy here are practicing true Homœopathy. Many of them study materia medica thoroughly and achieve wonderful success in many severe cases. These laymen have many drawbacks, no doubt; they are not regularly taught in those branches of medical science which are absolutely necessary for proper practicing of our art. But their influence and zeal in the propagation of Homœopathy and securing help for many helpless poor are unique, and at this stage of our existence, we are not justified in doing away with them. When the number of duly qualified homœopathic doctors are increased and when our people know something of our system, then these practitioners will disappear.

(2) Bogus degrees: This is a foreign matter and beyond our power to stop. Dr. Kaistha did well to invoke the aid of the American Medical Association and the American Institute of Homœopathy, the two powerful premier societies of America. I quite agree with the doctor here.

(3) Homœopathic schools and colleges in Calcutta: These are growing out of necessity and demand. I believe Dr. Kaistha knows very well that in court of justice the lawyers and judges decide every case in two-fold ways; first, on the point of law, and second, on facts of the case. I will show that they are very useful institutions and we cannot dispense with them at the present juncture. I know they require vast improvements to make them useful. There are serious drawbacks, and one of them is money, and the other is want of sympathy of the people as well as of our Goverment.

In this country you have very few doctors in small towns and villages. I will cite an instance which shows clearly how we are situated in want of medical practitioners. My ancestral place, which is about one hundred miles from Calcutta, had no doctor at all in times gone by. A cousin of mine got an attack of cholera one early morning. We sent for a doctor who lived about four miles from our place. He was the only doctor for three or four villages. He went out when our messenger reached his place. He came to our place about eight hours after he was sent for. Look what a disappointment. An urgent and serious case of cholera had so long delay to get medical help. I used to keep camphor with me, and a few doses of it were administered, and, fortunately for my cousin, he was cured. This happened when I was a young boy studying in the grammar school. This occurrence indeed was an incentive in my early life to study medicine and be useful to our people.

Instances of this kind are not rare even to this day. In order to supply this sort of urging necessity we established the Calcutta School of Homœopathy in the year 1883, and since then this institution is doing immense good to people outside Calcutta. This institution has everything on a small scale, viz., a chemical laboratory, a pathological museum and dissection arrangement with some other allopathic college. This latter arrangement we have been obliged to adopt, as it required the sanction of our Government.

To secure this I saw the chief secretary of the Bengal Government years ago; he gave me assurance, but when he consulted the medical authority of our Government the chief medical officer denied this favor on the ground that Homœopathy is not a scientific method. We shall try again to get this concession in favorable times.

There is actually very little danger to Indian Homœopathy from laymen practicing it or from insufficiently equipped homœopathic schools and colleges, but from want of zeal and enthusiasm among ourselves—the exponent of homœopathic system. In this respect our only qualified doctors, with few exceptions, are more to blame. They are sadly wanting in power of organization. In our Calcutta Homœopathic Society I find these lay practitioners and those passed graduates of our school take more interest.

Dr. Richard Hughes, who was a great organizer and an indefatigable worker in the cause of advancement of Homœopathy, told me when I met him in London in these words: "Dr. Majumdar, go on teaching pupils in your school, whatever its status be, and give them diplomas and certificates, and when you get a sufficient number of them in all parts of your vast country the Government will be obliged to recognize you." I am glad our young friend, Dr. Kaistha, an earnest follower of Hahnemann, has taken up the cause of better Homœopathy in this country, and hope he will be a useful member of our cause in our motherland.

QUO VADIS? BY WHOSE AUTHORITY?

Editor MEDICAL CENTURY.

Dear Doctor: One of the straightest pieces of "talk" I have ever read is that of L. P. C.'s, on pages 26 and 27, on "Constructive Legislation."

Next time the self-authorized emissaries of the allopaths knock at our college doors and demand entrance they should be asked:

Quo Vadis? and where is your federal or state authority?

If this cannot be shown they should be metaphorically "kicked out." If any such do gain entrance under false pretences, I think there is some law to recompense us or punish them!

The question of such "inspection" should be carried to the highest courts, and the plea should be entered "that the *minority* can only be governed by the majority when quality, by which I mean '*safety of the public*' can be shown."

Let the allopaths face publicity and show cause whether they with a death rate of 29.5 per cent. in pneumonia *can possibly teach Homœopathy how to cure,* when our death rate (in pneumonia) is but 3.9 per cent.

Are they in any way superior except in numbers?

Mere "bulk" counts for nothing!

One of your National leaders writing to me a short time ago said, "That we should take a lesson from the Christian Scientists in one point, and that is to use more *printer's ink,* and keep our power and RESULTS clearly, consistently and constantly before the public."

I will wager that the adult public don't want to die, nor do they want their children to die before they ought.

Then let the campaign be carried steadily to the laity, when "QUALITY" *must win the day.*

This can be done by a national or international body to make the work thoroughly *impartial.*

All personalities can be sunk and *the national or international* NAME be used. Then can every man use the publications, and the public be addressed impartially, yet forcibly.

In Sweden our colleagues are preparing a statement founded on the International Homœopathic Council address, and this is being issued in pamphlet form, well illustrated with views of the big American hospitals, and the arguments pointed with statistics, and this is to be sent to every government official in the country.

If a small handful of brave Homœopaths can do this, why cannot the American profession do it?

The allopaths in Sweden are trying to get national laws passed to crush out Homœopathy, hence some action there is necessary.

Let us hope that they have not left it too late!

Tell the public who are *the* ones most interested, that Homœopathy lessens the death risk to one-half in many diseases, and I think they will listen very intently! But do get down to the ones most interested and at once.

Sincerely for strong Homœopathy,

E. PETRIE HOYLE, M. D.

84 Holland Park, London, W.

Jan'y 26, 1913.

BOOK REVIEWS.

TEXT-BOOK OF OPHTHALMOLOGY in the form of Clinical Lectures. By Dr. Paul Roemer, Griefswald. Translated by Dr. Matthais Lanckton Foster. Vol. II. New York: Rebman & Company, 1123 Broadway.

This work, which is a continuation of volume one already mentioned in this periodical, is devoted to diseases of the eyelids, injuries to the eye, diseases of the vitreous, the sclera, the lachrymal organs, the orbit, glaucoma and muscular or concomitant strabismus. It represents the very latest on these topics. It is well printed and finely illustrated, and the style of the work is of the high Rebman grade. The two volumes make a very desirable addition to the library of the oculist.

MEDICAL MEN AND THE LAW. A Modern Treatise on the Legal Rights, Duties and Liabilities of Physicians and Surgeons. By Hugh Emmett Culbertson, Esq., member of the Ohio and New York Bars; Contributing Editor to many Legal Publications. Octavo, 325 pages. Cloth, $3.00, net. Lea & Febiger, Publishers, Philadelphia and New York. 1913.

This unique work touches the personal in-

terests of every physician and surgeon, and also of every practitioner in any branch of the art of healing. It deals with the duties, rights and liabilities of the professional man toward the public as settled by law, and also the legal relation of the regular profession to practitioners of the many schools of healing now in vogue, as well as the status of such healers in the eye of the law. It behooves every medical man to know the multitude of points in which his relations to the public and his fellow-practitioners are subject to a well settled body of law, to the end that he may avoid unexpected trouble on the one hand, and know his rights and powers on the other. This new work is comprehensive and authoritative, and its possession and perusal will save many times its cost if only in the item of collecting bills, as well as many an anxious hour. The well-established physician who has bought this knowledge in the costly school of experience will appreciate the value of such a work and will give it a place in his library within easy reach for frequent consultation. The young physician will be wise to profit by the knowldege so conveniently placed at hand, and will be glad to avoid the trials and troubles of his elders. Conversely it affords the lawyer a knowledge of the relations of his profession to that of medicine. It is an unusually serviceable book.

Specific Diagnosis and Medication. By the late John M. Scudder, M. D. 12th edition, reprinted. 12mo, 819 pp. Cloth, $3.00. John K. Scudder, Publisher, 630 W. 6th St., Cincinnati, Ohio.

This is an old and good book reprinted. It might be styled the great eclectic classic. We believe every homœopathic physician should possess himself of at least one eclectic book, and this is the best of them to our belief. So much can be learned to aid and supplement our own knowledge of drug action therefrom on the one hand, and on the other, if we are to use palliative measures at all, it is much wiser for us to use the better and milder palliatives of the eclectic school than those of the allopathic. There is always some reasons given for the prescribing of specific medicine. We can heartily commend this work. In fact, we have always commended it. We have also used it.

Psychanalysis: Its Theories and Practical Application. By A. A. Brill, Ph. B., M. D., Chief of the Neurological Department of the Bronx Hospital and Dispensary; Clinical Assistant in Psychiatry and Neurology at Columbia University Medical School. Octavo of 337 pages. Philadelphia and London: W. B. Saunders Company, 1912. Cloth, $3.00, net.

This work is a very welcome contribution to psychanalytic literature by Dr. Brill. Psychotherapy is perhaps the only effective remedial agent in the psychoneuroses used by our old school friends. The new psychology evolved by Freud is attracting much attention of late, and doubtless in its evolution it will be shorn of much that is now being unfavorably criticised by reason of it being better understood.

It is a somewhat remarkable and significant fact that Hahnemann, the founder of Homœopathy, gave so much attention to the mental status of both the sick and the well, as giving precise indications for the use of our remedies. There is a paralellism between Hahnemann and Freud in the consideration of dreams. Freud considers them invaluable instruments in both diagnosis and treatment. Hahnemann also considered them of great value. Repertories of the symptoms of dreams cover pages of some of our works on drug action. Hahnemann did not go so far as to consider the dream as a wish fulfillment, but he did consider it of sufficient value when it occurred in a proving of a drug's action to note the same and apply it to similar dream conditions in the sick, for all of which the homœopathic school has been ridiculed by our allopathic confreres for years. Now we have it made in Germany and brought to us through "regular" channels.

We certainly can loudly commend this book. It will enable our physicians to better comprehend the mental states of many of our patients whether we apply psychanalytic methods or drug methods or a combination of both. We would also boldly recommend the gifted author of the book to possess himself of a knowledge of mental symptoms as used by the homœopathic school for 125 years. He will learn much.

PHARMACODYNAMICS AND THERAPEUTICS.

BY ALBERT EUCLID HINSDALE, M. D., BAY CITY, MICH.

Iodine.

Iodine and barium hydroxide may be used as a disinfectant for the hands in surgical practice. This method also stops the secretion of sweat for one and one-half hours.—*G. M. Meyer, in Chemical Abstracts.*

Blood.

I. Boas, Berlin, *Deut. med. Wochschr.*, 38, 2060—I.—B. prepares hemoglobin free meat by stirring vigorously 100-125 g. of scraped or chopped calf or chicken meat with 100 g. 3 per cent. peroxide of hydrogen in a porcelain dish (the meat takes on a white snow color). This is then placed on a sieve and washed for 5 to 10 min. with running water to remove excess of peroxide. Croquettes are made from this meat. (The same procedure can be used for preparing fish meat.) The second or later stool after feeding this meat can be used for examining for

endogenous blood. Tests on fæces from people given this meat were negative to the most delicate catalytic tests.—*Chemical Abstracts.*

Pituitary gland.

Fifty to 75 mg. of fresh, dried fat, ext., anterior lobe of the pituitary gland added to the food of puppies did not, on the av., increase the rate of growth during a period of four months. —*Am. J. Physiol.*

Hydrochloric acid.

This remedy given in material doses has relieved to a great extent the gastric crises which occur in pernicious anæmia. One case was greatly benefited by this treatment.—*W. B. Hinsdale.*

Vanadium.

Vanadiol and preparations thereof, the products of the Vanadium Chemical Company, were submitted to the Council. After thorough investigation it was concluded that the company has not, and never has had, any reliable evidence for the therapeutic claims it has presented to the medical profession regarding these products. Accordingly the Council voted that the several products under consideration be not accepted for inclusion with new and non-official remedies. The findings of the Council having been submitted to the Vanadium Chemical Company and its reply considered, the Council authorized publication of the report which appears below.

The following are extracts from this report: "The committee . . . . reported that the evidence, especially that relating to the therapeutic claims of the preparations was insufficient to warrant the acceptance of the articles." The report also states that "Here another fact should be noted. It is the connection shown in the Journal, June 22, 1912, of the general manager of the Vanadium Chemical Company, F. M. Turner, with a fradulent obesity cure concern, the Dr. Turner Company of Syracuse, N. Y."—*J. A. M. A.,* Jan. 18, 1913.

Eupatorium purpurium.

A boy 15 years of age had suffered for some months with diabetes insipidus. He presented all the symptoms of this disease as given in the texts. Patient passed, as near as he could estimate, about a gallon of urine a day. Two careful urinary analyses made did not show the presence of sugar. The case had been under allopathic treatment for some time during which he had taken methylene blue and other drugs. When patient presented himself for treatment he was placed on Eupatorium purpurium, three drops of the tincture every three hours, and at the end of five days was considerably better. The dryness of the mouth and skin was relieved and the volume of urine decreased about one-half. Two weeks of this treatment seemed to produce a complete cure, and patient now feels as well as ever.

Kali phosphoricum.

For a patient who has constantly a sub-normal temperature Kali phosphoricum may be the remedy. This symptom was brought out in the provings of the drug. If the individual also complains of lassitude and a general apathetic condition, the remedy is all the more indicated. This statement concerning a sub-normal temperature does not apply to persons to whom such a condition is the normal or physiological one.—*A. E. Hinsdale.*

Vaccines.

The worse and more chronic the clinical condition, the smaller and less frequent the dose must be to obtain the best results, especially in cases of old gonorrhœa where the autogenous vaccine was used. Many times these same cases had been treated by the vaccine treatment and almost every other method. For instance, I have almost completely cured a case of prostatic abscess which had broken through into the rectum, until at the present time there are no shreds or pus in the urine.—*Dr. Ralph Mellon.*

Camphor.

After taking many precautions and more medicine I concocted the following, which has been of great benefit to me and to many others for whom I have prescribed. I call it "Stop a Cold Quick:"

℞

Spirits camphor, 4 ozs.
Aconite, tr.
Nux vomica, tr.
Gelsemium, tr.
Belladonna, tr. .....aa gtt. XII.

M. (color with Aniline, soluble in alcohol, to suit the eye).

—B. H. Sleght, *Chironian,* Oct., 1912.

After reading of the above "cure all" I prepared some of the solution and have prescribed it with great benefit in about fifteen cases of coryza.—*A. E. Hinsdale.*

Alcohol.

This painful condition (pyorrhœa alveolaris) may lead to gingival suppuration. Injection of absolute alcohol (or 95%) may give instant relief from the almost unendurable aching. Lysol injected transversely through the gums in the direction of the root of the tooth as it emerges from the alveolar socket may act magically and causes the pyogenic material to be put in check. —*Medical Times.*

Vaccines.

The vaccine used contained in each cubic centimeter the following bacteria, which were chosen as representing those species most frequently found in the infected respiratory mucous membranes:

Staphylococcus aureus	150	million
Staphylococcus albus	150	"
Streptococcus	50	"
Pneumococcus	50	"
Members of the Micrococcus catarrhalis group	50	"
Members of the bacillus of Friedlander group	50	"

In robust persons in the chronic stage of the disease the initial dose of this vaccine has been from 0.25 to 0.5 c.c., administered subcutaneously generally about the insertion of the deltoid muscle. The subsequent doses have been given at five-day intervals and the amount has not been increased above 0.5 c.c. A few persons receiving the initial dose during the acute stage were given 0.25 c.c., and this dose was repeated at shorter intervals.

It has been noted on the third or fourth day after the injection of the vaccine the absence of the usual secretion makes the nose feel very dry. In such conditions an oil spray has been agreeable.

Following the injections there are the usual redness and slight swelling at the point of injection. A few patients have had slight symptoms of a negative reaction on the day following the indication, but this has in no case been severe.

In conclusion, it is my belief that the treatment of catarrh of the respiratory passages by a mixed bacterial vaccine is simple, direct and specific. To get the best results the vaccine should contain those organisms most commonly pathogenic to the respiratory mucous membranes. The treatment must necessarily include the removal or other surgical treatment of obstructions and growths of various kinds between attacks. It is certain that a number of patients will be found who will not be benefited beyond a certain point by the mixed vaccine. In such cases the mucus should be examined bacteriologically, and the mixed vaccine supplemented by the other pathogenic organisms found.—*A. P. Hitchens, M. D., Med. Rec., Feb. 17, 1912.*

Argentum nitricum.

Physicians frequently complain that they do not get the results from this remedy which they expect. The same statement is also to be found in the texts. Perhaps the reason is that the trituration or tablet triturates which they are giving are not Argentum nitricum, but the Oxide of silver. Silver nitrate soon after being triturated is very apt to decompose into the Oxide, which differs considerably from the Nitrate. Silver nitrate is white, while the Oxide has a dark color. If the trituration which is labeled Argentum nitricum has any appreciable color the prescriber may know that it is a unreliable preparation and should not be disappointed if he does not obtain the expected results. Should it be desired to prescribe the remedy, direct the pharmacist to prepare a solution of one grain of the C. P. nitrate to 1000 parts of water. This practically corresponds to the three-x trituration and a teaspoonful may be given every two or three hours. A freshly prepared trituration would answer equally well, but by giving the drug in solution as above suggested the bother and trouble of making the trituration is avoided. The prescriber may be sure of giving the pure, undecomposed Silver nitrate if he uses the gelatine coated pills as prepared by allopathic concerns, but frequently the sixth of the dose of these pills is greater than would be desired in homœopathic practice.—*A. E. Hinsdale.*

Alnus.

Eclectic writers claim that Alnus has cured purpura hemorrhagica and that the remedy is a splendid local application for Rhus poisoning.

Catalpa.

Has relieved difficult respiration and its use has been suggested in cases of asthma.

Frasera.

It is claimed by eclectic physicians that by the persistent use of this remedy chronic constipation may be cured when due to atonic conditions of the stomach and bowels.

Guarana.

Is a useful remedy for sick headache. The remedy is especially suitable for those cases following, or associated with, the menstrual period.

Iron.

Recent experimenters have shown that small doses of organic iron, as tested against equal doses of the most commonly used inorganic salts of iron, are absorbed in much greater proportion to the total given per diem.

Beef Extract.

The addition of beef extracts to the diet lead to an increase of body weight both in the case of animals and of man. Accompanying this increase there was a retention of a considerable proportion of the nitrogen given in the extracts, and a reduction in the output of nitrogen by the feces. During the feeding there was also a retention of water in the Body.—W. H. Thompson, *British Med. Journal,* 1911.

Calcium.

Administration of calcium chloride in considerable amounts over long periods either alone or with adrenaline, causes an initial retention of calcium followed by increasing elimination. The loss is derived chiefly from the bones and may reach 15 per cent. Deformations result which resemble those of osteomalacia. The action appears to be wholly decalsification, as the bone cells do not lose their power to fix calcium, in this respect differing from the actual disease. During the periods of decalsification the calcium

content of the blood is greatly increased. The element is excreted by both intestine and kidneys.—*Chemical Abstracts.*

Aurum.

The skin of many women possesses the property, during the premenstrual and menstrual periods, of turning a grayish black color after several hours contact with gold and platinum articles. This coloration is most intense at the places of closest contact between the skin and the gold object. The perspiration is not concerned in this phenomenon, since the latter does not occur during the extramenstrual period; neither is there any anatomical change in the skin. The most probable explanation is that toxic substances, which occur in the general circulation during menstruation are eliminated through the skin and here often acquire the power of acting chemically on ordinary gold alloys, thus producing a substance which is deposited on the skin in the form of a dark layer. —*Chemical Abstracts.*

Digitalis.

About 50 per cent. of the samples of digitalis show a departure from the average of standard of potency, varying from 275 per cent. over strength to 40 per cent. under strength. It probably retains its full activity for one year.—*Brit. Med. Jour.*, 1912.

Eight Per Cent. of Poverty is Due to Tuberculosis.

That tuberculosis is responsible for one-third of the sickness that reduces families to dependency is indicated by a study just completed by the New York Association for Improving the Condition of the Poor. In a statement sent out to-day the Association says that the facts obtained also indicate that this disease is the cause of over 8 per cent. of the destitute homes in New York City.

Having determined by investigation that sickness is the chief cause of dependency among families in its care, the Association recently began an inquiry to learn which diseases are most prevalent among dependents so that it can plan more intelligently its preventive work. The 6,565 families which sought the Association's aid between October 1, 1911, and June 30, this year, were selected for the study. It was learned that of these families 1,605 were forced to seek aid because of illness. In some the income had been hampered or cut off by the illness of the father or mother. In others sickness of one or more members had exhausted savings and heavily taxed earnings.

Tuberculosis was the disease found in 555, or 34 per cent. of these families. Rheumatism forced 187 other families into dependency. The remaining were classified as follows: Illness attending child birth, 161; kidney and heart disease, 156; anæmia, 156; operations resulting from injuries, 106; pneumonia, 99; children's contagious diseases, 48; paralysis and epilepsy, 48; eye and ear diseases, 45; cancer and tumor, 44.

"The results of this study plainly show the urgent necessity for more adequate care of tubercular patients, especially those in impoverished homes," said General Agent Kingsbury. "They also demonstrate how important is the prevention of the disease in the campaign against poverty. The facts justify the effort now being made by the Association to devise a practical plan for the treatment and cure of the disease in the home. If the three-year demonstration the Association is making in its Home Hospital in the East River Homes is successful, a practical means of wiping out the disease in the tenements will have been effected. As the hospital has been in operation only since last March, Dr. Linsly R. Williams, the Medical Director, believes it is too early to determine with any degree of accuracy what effect adequate home treatment under proper conditions will have upon the disease. However, the fact that no unfavorable conditions have been noted thus far leads him to believe that the Association will before long be able to offer a more speedy and economic plan of wiping out the disease than is now employed. Moreover, the Association is, for the first time in the history of relief work in this country, providing on a comprehensive scale, adequate relief, care and treatment for tuberculosis in the tenement homes of the poor.

"Some plan of effective home treatment must be found, for it will be many years before there will be enough hospitals and sanatoria to accommodate all tuberculosis patients, despite the excellent work now being done to meet demands. A comparison of the hospital provisions in the United States with the needs and growth of population shows that the demand is increasing twice as fast as the supply."

The Split Fee.

A bill recently introduced into the Missouri State Legislature makes it unlawful for any physician or surgeon to divide a fee received from a patient, and imposes as a penalty the revocation of the offender's license and a fine of five hundred dollars. The bill also authorizes the State Board of Health to revoke the licenses of physicians addicted to the use of alcohol or drugs, or who are of immoral character.

The Blood in Pulmonary Tuberculosis.

P. Masenti and M. Borgogno note that the cellular elements of the blood do not furnish any diagnostic criteria in tuberculosis. On the other hand, from the prognostic viewpoint, one may attach a favorable significance to a relative neutrophile polynucleosis and to a marked diminution in the number of eosinophiles and lymphocytes.—*La Riforma Medica.*

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EDITORIALS.

AN OPPORTUNE EXAMPLE.

WHILE the medico-political powers of New York, Pennsylvania and some other states are diligently working through their boards of examination and licensure for a more complete undoing of the homœopathic and other competitive schools, California, under the leadership of a militant and observant governor, is going forward with rapid strides toward medical justice.

True it is that the medical cossacks have ridden with freer rein over the minority systems in California than in almost any other commonwealth, and it is also true that now as much as ever they are in the saddle riding forth in their heavenward-aimed mission of "protecting the pee-pul," but regardless of their vehement protest, the forces of medical equity are moving on in their determination to strike from the fair name of California the medical piracy that now infests it.

The clique of political guardians of the people's medical destiny has raised a sum of money and it is also sending out prejudicial appeals for sympathy and support, boasting meanwhile that it will fight to the last ditch any and all attempts to make *any change whatever* in the law under which they now practice unmolested by increase of competition. They may be depended upon valiantly to defend the iniquitious policy through which their composite board of examination, humiliation and exclusion came into being and by which it is perpetuated—a stench in the nostrils of every liberty-loving citizen who has been apprised of its performances.

While at this writing the California State Legislature has but begun its deliberations, it is no less certain that Governor Johnson and the finer powers behind him will see to it that before this session closes such changes will have been made in the law as to guarantee to respectable and qualified practitioners of the healing art henceforth a square deal at the hands of the citizenship of this great state.

The immediate result and relief may not be the creation of separate examining boards for the various systems, but we may be sure that whatever legislation is enacted in this premise, it will make matters more nearly just and it will then be but a step to the final triumph of medical independence when that Legislature will have been made to see the wisdom and fairness of consigning to each system the responsibility and the right of attending to its own business unfettered by alien influences.

The eclectics of the state have struck straight from the shoulder by demanding an examining board for eclectics. Another bill has been introduced providing that any reputable practician who has practiced for a period of fifteen years elsewhere shall be licensed to practice in California without examination. Still another bill provides for a board of medical examiners to be made up of representatives of the homœopathic, eclectic and allopathic schools, and also for a board of "drugless" healers.

Altogether there have been introduced some dozen or more bills looking to the correction of the modern medical menace, and out of this mass of *suggested remedies* is sure to come a welcome alteration in the present state of affairs medical.

The upshot of the whole matter is that it is fast putting the selfish medical bigots directly on the defensive, and once they are forced to this ground in a goodly number of states the battle for square dealing and fair play will have been practically won.

They will not be made to defend their right to practice, but they will be made to know that the American people are rapidly coming to understand that there is a wide difference between allopathic medicine and allopathic meddling.

NOW comes Dr. C. A. L. Reed, of Cincinnati, one time president of the American Medical Association, but now conservator of my health and yours, glory be, and he straightway in the

public press proceeds to dehorn the greatest of all the Bull Mooses!

It appears that the ex-President (of the United States not of the American Medical Association) has done many iniquitous things, public, private and otherwise, and that his face is saved only because he accidentally or otherwise put into operation some wise and timely suggestions offered by his erstwhile friend and adviser, Reed.

The Main Moose is openly castigated for having, among other things, used the term *"Bureau* of Health" instead of *"Department of Health"* in his reference to this brand of legislation, and yet be it known that Reed and his crowd gave free circulation to the report that President Taft "heartily favored the Owen bill" (which at the time called for a *Department* of Health), when, in fact, Mr. Taft had refused to sanction either the Owen bill or a *department* of health—favoring, as he did, a strengthened *bureau* and nothing more.

Dr. Reed deposeth and saith further that President Roosevelt deliberately refused (or neglected) to give Gorgas absolute control of matters in the canal zone, and this after Reed had made it clear to Roosevelt that this was what was wanted by himself (Reed) and his *co-agitators.* It will be remembered that later President Taft signed an order the intention and effect of which was to prevent anybody but an allopath from practicing in the canal zone.

When, a little later, the joker was withdrawn from this particular deck and exposed to the vision of Mr. Taft, he expressed great consternation that such trickery were possible, and he promptly modified the order.

Mr. Taft had then almost as much confidence in the political manipulators of the American Medical Association as some of the rest of us had in the dim, distant past.

It would seem from this newspaper flogging administered to *the* ex-President by *an* ex-president, that Dr. Reed would have it known at the earliest possible moment that he will not stand for Roosevelt ever being President of the United States again—no, never!

It may be that the American people had an inkling of this determining political decision during the recent campaign, but be that as it may, we know it now and subsequent excuses will not suffice for pardons. In the article in question Dr. Reed does not state whether the undertakers in convention at Atlantic City endorsed (at his earnest solicitation) a *bureau* or a *department* after he had given them the confident assurance that this *bureau* or *department* if established would positively prevent in this country, every year, the death of hundreds of thousands of people!

He does, however, give out the much belated information that this Government already has a *bureau* of health, a fact which has been treated with conspicuous silence ever since the champions of a department-with-a-doctor-in-the-cabinet began their campaign for this specimen of state medicine.

It seems that Roosevelt stood only for *conservation of human health and human life,*—but, mind you, this was not enough, and "just for that" he has lost heap big friend.

Dr. Reed having "warmed the jacket" of the ex-President, we may now confidently expect him to administer a similar chastisement to the American Senate for having (on or about February 6, 1913) *refused to consider the Owen bill.*

The Bull Moose Party, sans horns, sans hide, sans tail, and alas, sans Reed!

L. P. C.

DR. FRANCIS H. ORME.

THE removal by death of Dr. Francis H. Orme, of Atlanta, Georgia, is a loss to Homœopathy, not only in the South, but in the entire country as well. He was one of the few of the Old Guard of homœopathic veterans left. He commenced the study of medicine in the office of Dr. James Banks Gilbert, of Savannah, who was one of the early members of the American Institute of Homœopathy. The reminiscences of Dr. Orme published in the MEDICAL CENTURY in 1908, show his associations with such men as Drs. John F. Gray, of New York; Edward Bayard, Hering, Neidhard, Lippe, Williamson, Holcombe, and the later generation of men like Helmuth, Talbot, Small, Ludlam, of whom he says each were worthy of a book. He was the last of the famous Homœopathic Yellow Fever Commission in active practice, although it is probable that two others, Drs. Verdi and Breyfogle, still live. Dr. Orme was elected president of the Institute in 1886 while at home on a bed of illness, and presided at the meeting in Saratoga in 1887. No other man in the school was better loved than Dr. Orme.

PROPAGANDISTIC FUND PROGRESS.

ANOTHER report was made by the director of the Propagandistic Fund movement to the treasurer of the Institute on February first. Pledges to the amount of $1,645 and cash to the amount of $334.15 were reported, which makes the total of amount pledged to the present time $3,807.50 and cash collected $792.65. Active work is being done now in every state of the Union, and the outlook is that the Institute will have plenty of financial support in its proposed propagandistic work.

OPINIONS EXPRESSED.

It is Not Safe

To diagnose locomotor ataxia because the patient has at one time had syphilis and now has pain in the legs.—*Dr. George F. Laidlaw.*

It Seems Highly Probable

That if the allopath studied and assimilated homœopathic doctrine instead of arrogantly boycotting it his usefulness to his patients would be increased by the possession of that much additional knowledge.—*Editor of London Truth,* Jan. 8, 1913.

Among Ourselves There Are

The silent spirits who believe the only necessary publicity is to keep their own personal light bright and shining so that the public will take cognizance of their ability, dignity and winning professional bearing every time they expose themselves to view. By the expanse of their foreheads they would be known. Such public following as they do not care to cultivate they will shunt to the next widest brow below. On the other extreme there are those who would campaign by means of the newspapers and employ the disguised advertisement for the sake of getting things "coming their way." Between the high brow and the advertiser there lies the pathway trodden by common sense.—*W. B. Hinsdale, M. D.*

The Practice of Medicine

Has been hampered by a self-appointed censorship somewhat similar to the inquisition in the church of the Middle Ages. Breaking through this bondage of tradition and in some measure engendered by it, have come the Hahnemanns, the Thompsons, Beaches and other independent pioneers to blaze new pathways through the wilderness and to broaden the avenues of modern medical throught. Each of these has left his impress on the medical practice of to-day. Osteopathy and even Christian Science may leave something of value for the future when the error in the Eddy teachings has passed away, and the suggestive method is rationally developed.—*Albert E. Mussey, M. D.*

I Have Never Seen

Any serious proposal to put any particular school of medicine in charge of the national health.—*Woodrow Wilson.*

Resolved That We Favor

And recommend that all national and state boards or departments having to do with health and food regulations be composed of representatives of all the legally recognized schools of healing, that no one school be permitted to be in majority over all other schools combined.—*Illinois Osteopathic Association.*

It is Interesting to Observe

That even the advocates of salvarsan now advise that a course of treatment by Mercury should follow the injection of "606," thus indicating their unwillingness to rely solely upon the therapeutic properties of the remedy itself.—*Dr. G. Harlan Wells.*

There is Only

One real true reason that can be advanced for compelling a physician who has been legally licensed in some other State to undergo a rigid technical examination in this State, and that reason is downright pure selfishness.—*Dr. H. F. Scudder, Redlands, Cal.*

When I Have Secured

The reports of 100,000 patients treated with this remedy (606) and have observed them over several years. I will be ready to tell you whether or not it will cure this disease.—*Paul Ehrlich.*

NEWS ITEMS.

CALIFORNIA.

The Medical Council of Philadelphia considers the following questions of the California State Board of Examination "foolish:"

1. Show how alcohols are derived from water.

2. Tell how you would be able to distinguish a section from the thyroid gland from one from a prostatic gland of an old man.

3. Describe minutely how a transverse section of a normal human appendix would differ from a like section of a rabbit. Illustrate with drawings.

The California State Board of Medical Examiners is composed of five allopaths, two homœopaths, two eclectics, and two osteopaths, yet it is dominated by the medical powers of Dearborn avenue, Chicago, which has established for California a standard by insinuating the same with the law of the State. The question is, how do they do it with six to five against them? Who is the Judas?

COLORADO.

DENVER PREPARING FOR THE INSTITUTE.

All the homœopathic physicians in the United States and Canada should be interested in the coming meeting in Denver of the American Insttute of Homœopathy. The committee is now busy on the details of entertainment and is making large preparations to show all the visiting doctors and their families a royally good time.

Denver is a beautiful city with many attractive environs, and, in addition, has the best summer climate in America. With the snow capped mountains, affording a constant delight to the eye, and the imagination, and the rushing, roaring streams, teeming with the gamiest fresh water fish, and the hundreds of varieties of beautiful flowers, and scenic grandeur not equalled anywhere else—Denver surely should be the objectve point for the summer's vacation.

The committee is making all arrangements to give the visitors the best time ever experienced. They are planning mountain trips by auto and train and working out every detail that will add to the pleasure and profit of the visitors. It is perhaps a bit incongruous to be planning where to go to be cool while we are so vigorously shoveling coal, as at this time, but even this early we can begin to think of those scorching, hot July days and the insufferable nights. So the cool breezes of Colorado, with the nights so cool that blankets must be used on the beds, is a big oasis in the long enervating summer.

You should plan to attend this session of the A. I. H. even if you are not a member. It will do you good to rub elbows with tne other fellow and get the moss off your back and the cobwebs off your brain. If you are a member you surely must be on hand for this will be the biggest and best meeting ever enjoyed by the Institute.

MAINE.

The Homœopaths in Maine are having a good laugh at the attempt of the Portland (Maine) Board of Health's attempt to discredit work done by Dr. Charles A. Eaton, of that city. Dr. Eaton made an examination of the city water and found colon bacilli in it, and so reported. The board called him before it and discussed the matter, and allowed a report to get out that Dr. Eaton was wrong in his report. The three homœopathic physicians got together, got an expert there, and had a thorough examination made of the water, and Dr. Eaton's findings were correct. The board had to acknowledge they were wrong, and it is thought they will be a bit more sure of their ground before they tackle the Homœopaths again. Dr. Eaton's qualifications as a bacteriologist are probably not exceeded by any man in the State of Maine, if they are equalled. The matter is given a full discussion in the February New England Medical Gazette, under the heading "An Example of Good Team Work," page 103.

L. F. K.

At the Interstate Conference of the Antivivisection Convention in Philadelphia, February 10, Dr. Frank E. Allard, a well known Life Insurance Examiner and Professor at the B. U. Medical School, spoke against vivisection, claiming that it, in itself alone was wrong; that physicians who practiced on animals grew careless when working on animals, and then were careless with their patients; that the experiments upon animals were not of benefit to mankind; that it led to the experimentation on charity patients and paupers; and that it has caused people to turn toward mental healing.

At this same convention Drs. Alexis Carrel and Wood Hutchinson were denounced, and Kipling was called a literary joke, presumably because they did not uphold antivivisection.

L. F. K.

MASSACHUSETTS.

Dr. Herbert F. Gammons (1909), of 705 North Main street, Brockton, and Miss Emma Teresa McBride, of Rutland, were married January 29, 1913, at St. Mary's church, Rutland, Mass. The wedding revealed a pretty romance, for the courtship took place when Dr. Gammons was House Physician and Miss McBride nurse at the Rutland Sanatarium. Dr. Gammons is specializing in tuberculosis, and has charge of the Wachusett Cottage Sanatorium, at Rutland.

The Gizzard Club held its quarterly meeting and dinner at the Thorndike, Boston, January 20, with about thirty members, homœopathic doctors, in and about Boston, present. Dr. Harry J. Lee, of 535 Beacon street, Boston, was in the chair. A professional humorist provided the entertainment.

Dr. George Fred. Lewis, A. B. (1890), of New Bedford, announces that he will give X-ray and electrical treatment at his office, 76 Walnut stret, by appointment. His office hours are 2 to 4 and 7 to 8 P. M.

Dr. George H. Stone (old school) has been appointed as physician for night duty at the City Hospital, to be on duty from 11 P. M. to 7 A. M. Dr. Stone has been house officer at the Boston City Hospital, and will receive a salary of $1,000.00 a year with his appointment.

By the will of Mrs. Charlotte Thompson Ames Brown, widow of vice-president of the Fairbanks Scale Company, filed in probate the latter part of January, the Cullis Consumptive Home is left $10,000.00, the Brockton Hospital two bequests totalling $60,000.00, and $250,000.00 is left to build the "Samuel Newell Brown" Hospital under the New England Baptist Hospital. The latter is made residuary legatee.

Two West Roxbury physicians came into public notice in January, Dr. Frank Sedgely helping liberate a mill girl from some machinery, and Dr. Alonzo J. Shadman being called upon to operate upon his pastor, Rev. Paul E. Smith. Dr. Sedgley was passing the mill where the accident happened and heard the screams of the in-

jured girl. Working with her, he disentangled her and hastened her to the hospital.

Dr. Shadman's patient was taken with an acute attack of appendicitis, while preaching Sunday, but pluckily put off any attempt to get help until the services were over, when he submitted to a hasty operation.

Dr. Antonio Orozco, 1911, announces that he will specialize in gynæcology and obstetrics in his practice in Mexico, and has located at 3a Rio de la Loza, No. 106, Mexico, D. F. Dr. Orozco took with him a trained nurse from M. H. H. as Mrs. Orozco. Relatives by the same name will probably get the doctor more work in the way of gunshot wounds, etc., ere the bird of peace settles over Mexico.

Small-pox in Lynn (Mass.) caused some criticism of the Board of Health the first part of the year. A case of suspected small-pox was allowed to escape detention ward, and other cases resulted. Then (January 19-20) the board was criticised as to its care of the other cases. January 27 six doctors were busy in East Boston vaccinating the inhabitants of the water front, as a case of small-pox had been found there.

James Krauss, M. D., of 419 Boylston street, Boston, has distributed to his medical associates two reprints from the Journal of the A. I. H., one on "Strictures of the Urethra," and one on "The Genito-Urinary Specialist and the General Practitioner." With the reprints was enclosed a card announcing "Free Medical and Surgical Treatment for Charity Patients" by the American Association for Clinical Research, at the Boston Polyclinic, 14 Park Square, Boston, daily, except Sunday.

Dr. and Mrs. George B. Rice, of 220 Clarendon street, gave their usual Lincoln birthday reception at the Boston Art Club, February 12, from 5 to 7. It was one of the swell society affairs of the week. Dr. Rice (1886) was one of a quartette, and Dr. Baker-Flint (1876) was one of those present.

The old Melrose Hospital building has been purchased by the Melrose Lodge of Elks and will be made over into a club house for them as soon as the hospital removes to its new $100,000.00 concrete building on Lebanon street. The new building is expected to be ready about May 1.

The Park Registry for Nurses, at No. 40 West Newton street, Boston, announces the registration of several graduates of the Emerson Hospital, Forest Hills, as well as many new ones from M. H. H.

Trustees of the Infirmary Department of the City of Boston have submitted plans calling for new buildings and alterations at the Long Island Hospital to cost $504,000.00. They say that the City of Boston would have quarters equal to any in the East to care for indigent sick, if their plans were carried out.

Dr. Philip Castleman (old school) has been appointed assistant in the Bacteriological Laboratory at a salary of $1,200 a year. Three assistant physicians in the division of Child Hygiene were appointed by the board of health from the Civil Service list at salaries of $1,000.00 each. They were Dr. John S. Brownrigg, of 16 Delle avenue, Roxbury; Dr. F. G. Barnum, of Everett Square, Hyde Park, and Dr. Edward F. Timmins, of Broadway, South Boston. They displace Drs. Brayton, O'Connor and McNally, who were given the appointments until the Civil Service examiners objected. The latter return to their school physician work.

MISSOURI.

The energetic secretary of the Missouri Institute of Homœopathy is making things move. He has awakened those that were asleep, made the laggards step livelier and, as a result, there will be a fine meeting in St. Louis, commencing on April 23d.

NEW YORK.

A New York business man interested in the promised cure of tuberculosis by Dr. Friedman, of Berlin, has offered the doctor one million dollars if he will come to this country and cure 95 out of 100 patients placed in his charge. It is now a case of put up or shut up evidently. Dr. Friedman's serum is a secret remedy thus far.

Dr. Willis B. Gifford, of Attica, retiring president of the Homœopathic Medical Society of the State of New York, which has been holding its annual meeting in Albany, called on Governor Sulzer and presented resolutions urging the reappointment of Dr. Eugene H. Porter, for State Health Commissioner.

A second resolution, while approving of the appointment of a commissioner to ascertain what changes, if any, are necessary in the public health law "protests against the unscientific character of the present commission, in which neither the State Commissioner of Health, the health officers of the State nor the sanitary engineering profession has any representation."

PENNSYLVANIA.

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting at Hahnemann Medical College, Thursday evening, January 9th, 1913, at 8:30 P. M. The scientific program consisted of the following:

"A Possible Factor in the Causation of Cancer," Horace Packard, M. D., Boston.

"Gastric Surgery," Robert V. White, M. D., Scranton, Pa.

There was a full attendance of members, and great interest was shown at the meeting.

WM. M. SYLVIS, M. D., *Secretary.*

The Clinico-Pathologic Society of Philadelphia held its regular monthly meeting at Hahnemann College, Saturday evening, January 15th, 1913, at 8:30 P. M. The papers read were as follows:

"Bowel Obstruction Due to Meckel's Divesticulum," C. Albert Bigler, Jr., M. D.

"A Case of Recurrent Pneumonia," W. R. Williams, M. D.

"Fracture of Larynx," F. W. Smith, M. D.

These papers were well presented and proved to be a very interesting feature of the meeting. A discussion of Clinical Cases was entered into, and was thoroughly enjoyed by those present, after which the election of officers took place.

BENJ. K. FLETCHER, M. D., *Secretary.*

The Germantown Homœopathic Medical Society held its regular monthly meeting at the "Majestic," Broad and Girard avenue, on Monday evening, January 20th, 1913, at 9 P. M. A hearty discussion on many interesting topics was entered into by those present, after which the election of officers took place, those who were nominated being: President, Dr. F. L. Abbott; Vice-Presidents, Dr. E. M. Howard, Dr. D. Roman and Dr. H. S. Weaver; Recording Secretary, Dr. W. C. Baker; Corresponding Secretary, Dr. L. W. Thompson; Treasurer, Dr. I. B. Gilbert; Judiciary Committee, Drs. W. N. Kein, W. Speakman, T. J. Gramm, J. A. Fisher, C. M. Brooks, W. L. Hicks, and N. S. Betts; Censors, Drs. N. F. Lane, E. F. Humphreys, L. W. Reading, W. G. Powell and G. P. Stubbs. The meeting was full of interest and was well attended

LANDRETH W. THOMPSON, M. D., *Secretary.*

The Philadelphia Society for Clinical Research held its regular monthly meeting at the "Majestic," Broad and Girard avenue, on Monday evening, January 27th, 1913, at 9 P. M. A report of a Clinical Case from each member made the meeting a most interesting one. The meeting was thoroughly enjoyed by a large number of members who were present.

PERCY A. TINDALL, M. D., *Secretary.*

The Hahnemann Institute held its regular monthly meeting on Wednesday evening, January 15th, 1913, at 8 P. M. Great interest was shown at the meeting, the subject for discussion being "Medical Ethics." There were a large number of members present and the meeting proved to be a very enjoyable one.

GEORGE W. STEWART, M. D., *Secretary.*

The Women's Homœopathic Medical Association of Pittsburgh, Pa., held its regular monthly meeting at the office of Dr. Ella D. Goff, 204 E. North avenue, N. S., Pittsburgh, on Thursday evening, February 6th, 1913, at 8 P. M. The scientific program consisted of the following:

"Clinical Scarlet Fever," Ella D. Goff, M. D.

"Acute Affections of the Ear," Lydia B. Pierce, M. D.

The meeting was a very interesting one, and a very enjoyable time was had by those present.

MARY E. COFFIN, M. D., *Secretary.*

The Homœopathic Medical Society of Chester, Delaware and Montgomery Counties held its mid-winter meeting at the Colonnade Hotel, Philadelphia, Tuesday, February 11th, 1913, at 1 P. M., luncheon being served at 1:30 P. M. The addresses consisted of the following:

"Progressive Co-Ordination of the Mind and Body" from a physical standpoint, demonstrated by a series of muscular movements, Carlton B. Sanford, Physical Director, Y. M. C. A., Chester, Pa.

"Heart Aneurism," illustrated cases, by Prof. Wm. Rendell, M. D., Philadelphia, Pa.

Professor Herbert L. Northrop, M. D., of Philadelphia, opened the discussion of "Aneurism" with presentation of case. The meeting was an interesting one and was attended by a large number of members.

ISAAC CROWTHER, M. D., *Secretary.*

The Homœopathic Medical Society of New Castle County held its bi-annual banquet, at the Hotel Du Pont, Wilmington, Del., Friday evening, January 31st, 1913. Those responding to toasts were: Dr. Wm. B. Van Lennep, Dean, Hahnemann Medical College, Phila., Pa.; Dr. S. W. Sappington, Phila., Pa.; Dr. D. P. Maddux, Chester, Pa.; Hon. Robt. H. Richards, Wilmington, Del., and Dr. Wm. W. Speakman, Phila., Pa. There were a large number present at the banquet and a delightful time was had by those present.

JULIAN ADAIR, M. D., *Secretary.*

The Homœopathic Medical Society of Chester County held its bi-mothly meeting at the Green Tree Inn, West Chester, Pa., on Thursday afternoon, February 6th, 1913. The session began, as usual, with a dinner at the hotel, after which an informal business meeting was held, Dr. Howard Terry, of Phœnixville, presiding. The meeting was largely devoted to formulating plans for the new hospital, and encouraging reports were heard relative to subscriptions received for the project.

Committees were appointed to secure plans for remodeling the "Warrington Mansion," recently purchased by the hospital board, and for purchasing furniture and medical supplies for the hospital. They will take possession of the property on April 1st, and will at once proceed to remodel the dwelling.

Physicians from Malvern, Downingtown, Kennett Square, Phœnixville and West Chester were present at the meeting.

PERSONALS.

Dr. Julian Gould Waylan announces her removal, March 1st, 1913, to Glenn Hall, Wernersville, Penna., as resident physician.

OBITUARY.

Doctor John H. Yeagley, sixty years old, one of York's prominent physicians, died Tuesday afternoon, December 17th, '12. He was stricken one week previous with pneumonia. Dr. Yeagley was educated at University College, Coburg, Canada, and Hahnemann Medical College, Philadelphia. He leaves a widow and three children.

Dr. Richard Allen died at his home, 1405 Oxford street, Frankford, Pa., after an operation for organic trouble. He was eighty-four years old. Dr. Allen was a graduate of Hahnemann College, and began the practice of his profession in Frankford when he was twenty-one years old. He is survived by a widow and three daughters.

FOREIGN.

L'Ecole Superieure Libre des Sciences Medicales has inaugurated the teaching of Homœopathy as a part of its course. Dr. Flasschöen gave the first lecture on the Homœopathic Doctrine, on December 3, 1912, and will lecture every Tuesday. Dr. Eucausse lectures on Homœopathic Therapeutics every Wednesday and Dr. Proust lectures Fridays on pharmacodynamics.

OBITUARY.

Dr. James F. Bothfield.

Newton, Mass., Jan. 12, æt. 47. Boston University School of Medicine, 1888.

Dr. Willard H. Titus.

Oshkosh, Wis., Jan. 8, æt. 65. Hahnemann Medical College, Chicago, 1873.

Dr. Richard C. Allen.

Philadelphia, Pa., Jan. 19, æt. 84. Hahnemann Medical College, Philadelphia, 1868.

Dr. Edward K. Shirley.

Whitehall, Ill., Jan. 19, æt. 57. Homœopathic Medical College of Missouri, 1881.

Dr. Francis H. Orme.

Atlanta, Ga., Jan. 28, æt. 78. Dr. Orme graduated in 1854 from the New York University.

Dr. Ernest S. Burwald.

Cleveland, O., Feb. 1, æt. 74. Dr. Burwald was a graduate of the University of Leipsig.

Dr. Geo. C. Jeffrey.

Brooklyn, New York, Feb. 11, æt. 61. Pulte Medical College.

Insanity and Epilepsy in Aneient Times.

R. Jones notes that insanity was familiar to the Egyptians, whose mentally afflicted were taken to the Egyptian temples, where they were treated by the priests with incantations and sacrifices. Traditional medical knowledge in regard to the insane is said to have been carefully preserved in India. Among the Greeks, Æsclepiades constituted an hereditary order of priesthood, who were supposed to exercise curative powers over insanity; and there were Greek laws made 500 B. . defining those lunatics who had to be confined. The Romans, in their laws, guarded the insane as well as their estates. Some of the earliest authentic cases of insanity, as well as of epilepsy, are related at considerable length in Holy Writ; for instance, the insanity of King Nebuchadnezzar, and also his recovery, after which it is recorded he was replaced as King upon the throne of Babylon. The history of King Saul, 1000 B. C., also relates his insanity, and there are several descriptions of epilepsy, the most typical being the only child, who was also a lunatic, for he "suddenly crieth out and foameth at the mouth and gnasheth his teeth," and "oftentimes he falleth into the fire and oft into the water." The ancients not infrequently ascribed epilepsy to the malice of demons, or to the anger of offended deities. If a person was seized with epilepsy in the forum, the Romans considered it an ill omen, the meeting was dissolved, and all public business was suspended for that day. Hence the disease was called *morbus comitialis. Morbus qui sputatur* was another of its names, because those present were accustomed to spit upon the epileptic, or into their bosoms, either to express their abomination and loathing, or to avert the evil omen.—*The Practitioner,* December, 1912.

The Madness of Kings.

The recent death of the aged Regent of Bavaria, and with it the reopening of the whole painful story of this ill-fated house, raises questions of peculiar interest in connection with the psychiatry of royal personages. It would appear at first sight that, if the moral and intellectual qualities of a sovereign can add to the enrichment and glory of a nation, the contrary should also hold good. It is remarkable to note, however, how little dependent the evolution of a nation really is upon the mental or physical health of its monarch. Moreover, the history of the House of Bavaria shows that a madman clothed in purple can, on occasion, be an excellent head of the State. The outstanding cases of insanity in reigning monarchs are not numerous. Perhaps one of the earliest to which historical reference is made is that of Nebuchadnezzar, King of Babylon, who suffered from lycanthropy, a form of insanity of comparative frequency in antiquity as well as in the Middle Ages. Beyond being afflicted with jealousy amounting almost to monomania, there is no indication that Saul, King of Israel, was insane. More recently Peter III. of Russia, grandson of two great kings—Peter I. on the maternal side, and Charles XII. of Sweden—was a degenerate in the full meaning of the term, Paul I. of Russia, his son, was sickly, weak, and epileptic from birth. He it was who proposed that the sovereigns of Europe should settle their differences by mortal combat. Although he imperiled the country by his extravagance and eccentric habits, the pathological history of Paul is interesting in that he was the superior of his father.—*British Medical Journal,* January 4, 1913.

Crotalin in the Treatment of Nervous Diseases.

J. B. Woodruff points out that the exact therapeutic action of crotalin is not understood, but this drug probably acts as a stimulus to the central nervous system, as is well illustrated by its effect in nerve exhaustion. Spangler believes that it has a decided influence in revitalizing the functions of the various organs. Another apparent effect is its ability to block undue outside stimulation on the nerves of special sense. Possibly this is illustrated by cases of insomnia in which refreshing sleep is produced without any signs of narcotism. The drug is to be given by hypodermic injections. It is best to give the first two or three injections in the back of the arm and always to begin with a small dose, as 1/200 or 1/150 of a grain. Later the injections are better given in the back where they cause very little reaction. The injection should be given, as a rule, every five to seven days. In epilepsy the drug causes a diminution in the severity of the attacks. The intervals between attacks are lengthened. The mental activity of the patient is greatly improved. In cases of neuralgia and neuritis, including sciatica, lumbago, tics, coccygodynia, etc., a few injections of crotalin cure the case and often the first injection gives marked relief. In some cases of asthma the crotalin acts almost as a specific and has improved all cases in which it has been tried.